Lectures

ON THE

DIAGNOSIS AND TREATMENT

OF THE VARIOUS FORMS OF

PARALYTIC, CONVULSIVE, AND MENTAL AFFECTIONS,

CONSIDERED AS EFFECTS OF MORBID ALTERATIONS OF THE BLOOD, OR OF THE BRAIN OR OTHER ORGANS.

BEING A COMBINATION OF THE

Gulstonian Lectures, delivered at the Royal College of Physicians of London in February, 1861,

AND OF

Clinical Lectures delivered at the National Hospital for the Paralysed and Epileptic,

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LECTURE I.—PART III.

ON THE MODE OF ORIGIN OF SYMPTOMS OF DISEASE OF THE BRAIN.

Deafness and its production by alterations of the blood and by a reflex action—Anæsthesia caused by an alteration of the blood—Two kinds of sympathetic anæsthesia: one caused by an irritation of the brain, the other by an irritation on a centripetal nerve—Paralysis, local and general, caused by—1st, an affection of muscles; 2nd, an affection of motor conductors in nerves, spinal cord, or brain; 3rd, an affection of the organ of the will; 4th, an alteration of the blood; 5th, a sympathetic disturbance of certain parts of the base of the brain.

2. *Deafness.*—What I have said of amaurosis I may say also of the paralysis of the nerve of audition. This paralysis may result—1st, from an organic affection of the nerve, or the part of the nervous centre in which it originates; 2ndly, from an altered condition of the blood (in cases of lead-poisoning, scarlatina, chlorosis, anæmia, &c.); 3rdly, from the influence of an irritation of a centripetal nerve. This last cause is not rarely observed in cases of dyspepsia; of worms;* of neuralgia of the face during the process of dentition, or of pain caused by a carious tooth. In these cases the recovery of audition when the irritating cause has ceased to exist, shows the relation between that cause and the deafness.

3. *Anæsthesia.*—I need not say that this symptom is often caused by an organic affection of some parts of the base of the brain, or of the spinal cord and of the encephalic or spinal nerves. But it may be caused also by either some alteration of the blood, or, indirectly, by the irritation of certain parts of the brain or of any of the centripetal nerves. As regards the alterations of the blood, facts abound to show their influence in producing anæsthesia. In a case of Bright's disease of the kidney I have seen it increase and decrease several times, together with an augmentation or a diminution of the amount of albumen in the urine. In pregnant women, at the last period of gestation, it is not rare that a degree of anæsthesia of the skin exists in combination with chlorosis, anæmia, or albuminuria. The anæsthesia of hysterical and choreic patients is often due to anæmia or chlorosis, and in many cases we quickly see it cured by iron, although hysteria or chorea persists.

As regards anæsthesia caused by an irritation acting *apparently* by a reflex action, I shall divide the cases into two distinct groups—

1st. Cases of anæsthesia due to the indirect influence of an irritation of some part of the brain.

2nd. Cases of anæsthesia due to an irritation of a centripetal nerve.

1st. I will show in another lecture, that in cases of disease of almost any part of the cerebral lobes anæsthesia may either be observed or be missing; so that we are led forcibly to conclude that when it exists it is not due to the loss of function of the part altered.* Its frequency is such in those cases, while the other parts of the brain are normal, that we must acknowledge that it is owing to some peculiar influence starting from the diseased part, and acting upon another and distant portion of the brain. I will soon show, for instance, that an irritation of the cerebellum (without any pressure upon the pons Varolii) may cause anæsthesia, which symptom cannot be considered as an effect of loss of function of the cerebellum, as many cases of considerable disorganization of that organ have been observed without the least degree of anæsthesia.

2nd. Irritations of centripetal nerves often produce anæsthesia. The most frequent is a neuralgia;† next in frequency is the irritation of the dental nerves. In a friend of mine, now Professor of Natural History at Lyons, an irritation of the sensitive nerves of the eye by light, owing to a too frequent use of the microscope, brought on anæsthesia of the face. A medical gentleman, Dr. R——, who consulted me some time ago, had a marked diminution of feeling in one side of the face, caused by an injury to a part of the skin near the eye. The influence of cold on the skin may also be the cause of a local or a general anæsthesia. An irritation of the mucous membranes of the intestinal canal may also cause anæsthesia.‡

It must be remarked that a reflex anæsthesia is essentially characterized by its relations with the supposed irritating cause and, also, that generally it is hardly accompanied by other symptoms, which would not be the case if it were due to an organic alteration of some part of the nervous centres.

4. *Paralysis, local and general.*—Paralysis being by far the most frequent and the most evident symptom of nervous complaints, it may be useful to insist more on the history of its mode of origin than upon that of other symptoms.§

Paralysis may be the result of—

1st. An organic affection of muscles.

2nd. An organic affection of the motor conductors in the nerves, the spinal cord, and the brain.

3rd. An organic affection of the organ of the will.

4th. An alteration of the blood.

5th. A reflex influence from some parts of the brain, spinal cord, and centripetal nerves upon either the nervous centres, the motor nerves, or the muscles.

1st. Muscles, as other organs, may be the seat of various kinds of organic alteration. It is most likely that in some cases of the progressive wasting palsy the primitive cause of the paralysis is in the muscular fibres themselves. It is so also in some cases of lead palsy. I need scarcely say that it is so in cases of invasion of muscular fibres by the *trichina spiralis*, or in inflamed muscles.

2nd. It is hardly necessary to say that an alteration of the voluntary motor conductors anywhere in the nerves, the spinal cord, or the brain, may cause a paralysis. I will only remark, that in this kind of paralysis other symptoms are generally combined with the diminution or the loss of the power of the will on muscles.

3rd. I will also say but a few words on the form of paralysis which depends on an organic affection of the organ of the will. Probably the paralysis due to such a cause is always accompanied by some degree of the preceding kind of paralysis.

4th. That alterations of the blood may cause paralysis is a fact that no one denies; but very few persons are aware how completely certain cases of paralysis due to that cause may resemble the paralysis due to an organic disease of the brain. I have seen several cases of paralysis of most muscles of the body, accompanied with symptoms of an organic affection of the brain, such as ptosis, diplopia, amblyopia, tinnitus aurium, giddiness, loss of speech, occasional delirium, loss of memory, &c.; in other

* Davaine: Traité des Entozoaires et des Maladies Vermineuses, pp. 54, 56.

* I need not repeat, as regards anæsthesia, the argument I put forward respecting facial paralysis; I need not say, that if a *loss* of function were the cause of anæsthesia in cases of lesion of the various parts of the cerebral lobes, we would have to admit that *every part of these lobes receives the conductors of sensitive impressions from the various parts of the body*, and we would have also to admit that *no conductor of sensitive impressions reaches any part of the cerebral lobes.*

† Several cases are mentioned in my "Course of Lectures on the Central Nervous System," pp. 105-6. 1860. I have observed several other cases since the publication of that work.

‡ For the influence of cold see the inaugural dissertation of Dr. T. O'Brien, (De l'Anesthésie, Paris, 1833.) I have seen several such cases. For instances of intestinal irritation see Davaine's work, (Traité des Entozoaires, p. 102,) and a case of gastric irritation producing anæsthesia of one arm, in Landry's paper, entitled, "Recherches sur les Causes des Maladies Nerveuses," p. 98.

§ I will not, however, give a detailed history of this symptom here, as the future lectures will contain a full account of every interesting feature of that history.

words, such a group of symptoms that, had not proper care been taken, a mistake of diagnosis would have been made. The influence of the treatment in those cases confirmed my view of the nature of the affection, and the patients were cured or much benefited by iron, quinine, chloride of baryum, strychnine, ammonia, cod-liver oil, wine, the cold douche on the spine, shampooing, and other means of tonic treatment, with the proper hygienic means. The many causes of alteration in the quantity and quality of blood, such as dysentery, typhoid fever, measles, scarlet fever, small-pox, diphtheria, albuminuria, intermittent fever, &c., are all able to produce paralysis. A striking instance of general paralysis due to an alteration of the blood (in a cases of chlorosis) is recorded by Landry.* The following symptoms were observed in that case:—Vertigo, tinnitus aurium, convulsions, delirium, paralysis of the four limbs and of the tongue, aphonia, vomiting, headache. The patient was cured by iron and strychnine; and when Landry wrote his paper, the cure had persisted four years.

As a general rule the paralysis, owing to an alteration in the blood extends to most of the muscles of the trunk and limbs; and when it is limited to a small part only of the muscular system, it is in a measure produced also by another cause, of which I will soon speak.

5th. The most frequent cause of local paralysis is an irritation in certain parts of the nervous centres, or in the trunk or periphery of nerves. A tumour, a hæmorrhage, an inflammation, and some other kinds of alteration, limited to some parts of the brain, may, of course, produce paralysis in consequence of the loss of function of the part altered; but I can state, without any hesitation, that there is no kind of alteration in a limited part of the cerebral lobes, or of the cerebellum, that is able to produce any extended paralysis in consequence of the loss of function of the part altered.

The above affections of the brain, when they are located in the cerebral lobes, have no other mode of producing paralysis, except—1st, by a pressure on the neighbouring parts in the base of the brain (i.e., the crura cerebri, the corpora striata, the optic thalami, &c.); 2nd, by some special influence upon these lower parts of the encephalon. Many facts, indeed, every day show that a hemiplegia, for instance, may be due to an inflammation in any limited part of the cerebral lobes. No one can suspect that it is to the loss of function of the part inflamed that the extended paralysis then existing is due, because to hold this view would be to admit that almost all the motor nerves of one side of the body are distributed into every part of the cerebral lobes in some men, and that in other men (in whom the same parts of the brain are as much altered without any appearance of hemiplegia) none of the motor nerves of the face and limbs goes to the brain. Neither can we suppose that an inflammation of a limited part of the cerebral lobes (when there is no abscess and no great amount of diffused suppuration) can produce hemiplegia by pressure upon the base of the brain. We are then driven to the necessity of concluding that there must be some peculiar influence exerted at a distance from some parts of the cerebral lobes on the active lower parts of the brain. By what means is that influence exerted? Of course by means of nerve-fibres; and we are led, therefore, to admit that an irritation of certain nerve-fibres in the cerebral lobes may act upon the base so as to alter its nutrition, and produce, in consequence of this alteration, a paralysis of one side of the body.

Does this influence of one part of the brain upon another take place by a reflex action? It seems really that such is the case. But it is a matter of secondary importance to know if it is really through a genuine reflex action,† or through some other process altogether unknown to me, that this influence is exerted. What is of the highest importance is: 1st, that in many cases of disease of the cerebral lobes there is a hemiplegia, which cannot be caused either by the loss of function of the part altered or by a pressure on the lower parts of the brain; 2nd, that the hemiplegia in those cases results from a special influence exerted from one part of the brain upon a distant part of this nervous centre.

Bearing in mind these two conclusions, we can understand why certain alterations of the cerebral lobes, although considerable, do not produce a paralysis; we can understand also why alterations in the same parts of the brain in different cases produce paralysis in different parts of the body (either the face, the larynx, the tongue, the arm, or the leg); we can understand also why alterations in various parts of the cerebral lobes will all produce a paralysis in one and the same part of the body. When there is no paralysis it is because the irritation has not taken place; when the irritation produces paralysis in one place and not in another, it is because the irritation has acted upon certain nerve-fibres instead of having acted upon others. What occurs in the brain is, in fact, just what we know to exist in every organ able to produce sympathetic phenomena at a distance; in some cases the phenomena will not appear, while in other cases they will vary extremely when they appear, although they originate from an irritation of the same organ.

* Loc. cit., p. 32.

† The mode of action which seems most probable is the following: An irritation is transmitted through some nerve-fibres to some cells in the base of the brain, and from these cells reflected upon the neighbouring bloodvessels by means of other nerve-fibres. I need not say that this is a mere hypothesis, which has only the merit of giving satisfaction to our craving for explanations.

A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

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LECTURE I.—PART II.

THERE are, perhaps, few subjects that have been more laboured than that of uniformity of design, or the adaptation of means to ends, in reference to the details of the several parts of created entities. The human mind seems to have been endowed with an instinctive yearning after unity, and it seizes rapidly and fixedly those ideas or facts which tend to simplicity or oneness—to a whole consistent in all its parts.

How striking is the uniformity of crystallization to the early inquirer into chemical and geological phenomena! So with the student of botany, as he unravels the apparently diverse structures of a family, and slowly discovers the same undeviating development of its component parts, in respect of number, position, and arrangement for its fructification, in every individual member. The delight which he experiences arises, not so much from the recognition of the details, as from his having grasped the idea of a harmonious plan.

The limited degree in which human anatomy has been rendered available, by our writers on Natural Theology, to the tracing out of this grand principle of unity, is readily accounted for by the difficulty with which any but the toiling student of the dissecting-room can appreciate, in their combination and conjoined action, the delicate elements of our microcosm. But, doubtless, even with our present imperfect knowledge, if our anatomy and physiology were sufficiently accurate and minute, we should be able to form links which would complete a chain so perfect as to enable the human mind to conceive therefrom some notion of the Infinite—small in comparison with infinitude (though marvellous to us) as is the consentaneity which is embodied in ourselves. Such knowledge, however, is still beyond our reach; yet every contribution has, in this sense, a special value. And I shall venture to direct your attention to an arrangement of nervous distribution, which has supplied during more than a quarter of a century, and still supplies, to my mind, a noticeable instance of design, and which has not been, so far as I know, generally recognised or properly appreciated.

I purpose, Sir, devoting a part of this short course of Lectures on Anatomy and Surgery to the consideration of the influence of Rest in the treatment of diseased joints; but, in anticipation of those facts which will make manifest the importance of rest in treating diseased joints, and for the purpose of showing the

physiological and fundamental principles on which it is based, I am desirous of placing before you some details of healthy human anatomy, regarding the general distribution of the nerves to the joints, and the associated muscular apparatus moving those joints, which bespeak special design.

I believe we can scarcely attach too much importance to the study of the simple, but exact, anatomy of this nervous distribution, which I hope to render intelligible and practically useful; for I know that it is not only capable of accounting for morbid sympathies and pathological conditions requiring close and deep attention for their elucidation, but that, if properly applied, it will suggest and point out the true principle of treating such morbid states, based, as that treatment should be, on the anatomical and physiological considerations which will explain, enlarge, and enhance our appreciation of the beneficial influence of mechanical and physiological rest.

If surgeons will keep this monitory principle of Nature foremost in their professional thoughts, they will, under its guidance, become not only more observant of it in their vocation and more convinced of its truth, but will make it more frequently the groundwork of legitimate treatment in cases of accident or disease.

I may now remind you, gentlemen, that when a joint becomes inflamed, it is painful and difficult of movement; it becomes involuntarily fixed by Nature's own process, thus securing comparative rest to the interior of the joint. Indeed, we may lay it down as an axiom, that Nature instinctively renders an inflamed joint comparatively fixed and flexed. Now, what is the key to the explanation of the flexed position and rigid state of an inflamed joint? Some might say, "Because the patient finds it the easiest position for himself, and the easiest position must, of course, be the best." But this is no answer to the question, How is this position induced? It is not voluntary. The patient cannot either prevent it or change it when it exists; nay more, it is not true that the flexed position is the easiest; for every day's experience declares the contrary, and I shall hope to have the opportunity of showing you distinctly that, when the hip-joint is diseased, it is flexed, and it is often in a very painful state; but that when the femur is put straight so that the flexed condition is destroyed, the patient from that time is free from pain. Here is an instance in direct contradiction of the idea that the flexed condition is the easiest for the patient. When the joint is made straight, the patient experiences, almost immediately, a diminution of pain. It is true, however, that, in the case of the knee joint, it is sometimes otherwise; the reason for which I will endeavour to point out through the medium of these diagrams, which represent the knee-joint in an extended, semi-flexed, and completely flexed positions. It is plain that when the femur, tibia, and patella are in the position in which you here see them, the leg being in a state of extension, there must be a much larger extent of articular surface coaptation than in any other position of the joint; and this surface coaptation becomes more and more reduced, or less in extent, as the tibia is carried backwards away from the femur; and, probably, it is this diminution in the extent of the articular surface contact, as well as the diminished pressure, which explains the feeling of comfort that patients sometimes experience when the inflamed knee-joint is allowed to become flexed.

Still the question comes to us, Why is an inflamed joint fixed and flexed? It appears to me to result from the circumstances to which I shall allude presently more in detail—viz., that the irritated or inflamed condition of the interior of the joint (say the knee-joint), involving the whole of the *articular nerves*, excites a corresponding condition of irritation in the same nervous trunks which supply both sets of muscles, extensors and flexors; but that the flexors, by virtue of their superior strength, compel the limb to obey *them*, and so force the joint into its *flexed condition*. The joint becomes rigid and flexed, then, because the same nerves which supply the interior of the joint supply also the muscles which move the joint.

This anatomical arrangement, physiologically considered and rightly interpreted, may be made the means of explaining some of the most prominent symptoms of joint diseases, and of constituting a foundation for the required treatment of diseased joints by rest, which I propose to advance and to recommend.

In order to place this important anatomical, physiological, and pathological subject comprehensibly and definitely before you, I will state it thus: "*The same trunks of nerves whose branches supply the groups of muscles moving a joint furnish also a distribution of nerves to the skin over the insertions of the same muscles; and—what at this moment more especially merits our attention—the interior of the joint receives its nerves from the same source;*"—thus implying an accurate and consentaneous physiological harmony in those various co-operating structures.

The large drawing which is placed before you was taken from a recent dissection, kindly accomplished for me by Mr. Durham, of Guy's Hospital, and depicted by an artist (Mr. Tupper) not now attached to Guy's School.* You may see here the circumflex nerve branching into the teres minor and the deltoid muscles, distributing itself to the skin over the deltoid, and then proceeding to the skin over the fascia of the upper arm, to which the deltoid muscle is partly affixed. Yonder will be noticed the articular branch of the circumflex nerve, the branch which proceeds to the shoulder-joint. Other nerves go to that joint, such as a branch from the subscapular trunk, which is derived from almost precisely the same part of the axillary plexus as the circumflex nerve. So the suprascapular nerve, after supplying the supraspinatus and infraspinatus muscles, sends little filaments to the interior of the same joint. Thus the same circumflex nerve supplies these muscles, the joint which these muscles move, the skin over the muscles, as well as the skin over the fascia, which is a part of the insertion of the deltoid muscle. But here I touch upon a point, by which I am reminded to state that every fascia of the body has a muscle attached to it, and that every fascia throughout the body must be considered partly as the insertion of a muscle. I shall be able hereafter to trace nerves derived from the same trunk supplying the joint and muscle, sometimes distributed over a large extent of fascia. That extent of nerve distribution, however, I shall show to have a very exact relation to the proportionate attachment of the muscles to the fascia, of which I shall be able to adduce some well-marked examples.

The object of such a distribution of nerves to the muscular and articular structures of a joint in accurate association, is to insure mechanical and physiological consent between the external muscular or moving force, and the vital endurance of the parts moved,—namely, of the interior joints (whether it be of friction or of pressure); thus securing in health the true balance of force and friction until deterioration occurs. If this point of balance or adjustment be overreached during exertion, pain, Nature's warning prompter, is induced within the joint, and suggests the necessity of diminishing or arresting exertion. This cessation or this reduction of exercise, or friction and pressure upon the articular structures, *must be effected* by the muscular apparatus of the joint, either through the will, or immediately by its own instinctive efforts, called into play by means of the nervous association. The muscles, indeed, appear to be told, through the medium of the nerves of the interior of the joint, that its articular structures are overtasked; and, the antagonistic muscular forces of the joint being thus involuntarily excited, it (the joint) is at once rendered rigid and stiff, for the purpose of keeping it at rest. Or it may be put in this way (only as confirmatory, however),—that the interior of the joint itself, under the influence of physiological exhaustion, contributes something towards the same end, by failing to secrete the proper quantity of synovial fluid. The joint thus robbed of its lubricating medium demands of the *exhausted muscles*, for its movement, a still greater effort than in its normal state; and their inability to respond to the extra demand necessitates the quietude or rest of the joint. Still, in this mode of viewing the subject, the necessity for limiting exertion, in order that the interior of the joint may obtain the congenial rest requisite for the renewal of its physiological power and structural integrity, is intimated to the moving agents by the same nerve interpreters, and they (the moving agents), in obedience to the announcement, render the joint stiff and difficult of movement.

Without this muscular and articular nervous association in joints, there could be no intimation, by the internal parts, of their exhausted function; and there cannot be any doubt that it is when this period of functional exhaustion in the internal parts has been reached, and articular friction is nevertheless continued, (notwithstanding the structural and functional prostration,) that the mischief to the articular structures commences, and disease of the joints, as we term it, starts into existence.

Again, through the medium of this *muscular and cutaneous* nervous association, great security is given to the joint itself, by these muscles being made aware of the point of contact of any extraneous force. Their involuntary contraction instinctively makes the surrounding structures tense and rigid, and thus is brought about an improved defence against further temporary encroachment.

This same associated muscular and cutaneous nerve distribution is obviously of the highest importance in reference to the

* The drawing of the circumflex nerve will appear with the second lecture.

sense of touch, through a recognition induced by due pressure. In the absence of this peripheral, or cutaneous, and muscular harmony, through the medium of the common distribution of the same nerve, the refinements of the sense of touch could scarcely be acquired; for rude or heavy pressure is incompatible with minute and delicate appreciation by touch. So that if I touch anything with my forefinger, the impression made upon the sensitive nerve conveys to the associated motor nerve from the same trunk the precise extent of pressure which is necessary for the recognition of the required force. In prehension, or grasping with the hand, the indication as to the completion of the necessary force to be employed must be the impression made upon the sensitive branches of the same nerve which supplies the muscles employed in the act of prehension or grasping. Thus the median nerves, with others, are employed in grasping, and in the adaptation of the fingers to the palm of the hand. The limit of that grasping is the perfect recognition of the contact of the different parts of the hand to be pressed upon. Whether the body to be grasped be great or small, there must be an instinctive limit to the grasping effort. This can only be indicated to the muscular apparatus employed by the sensitive nerves. So that I say, in prehension, the indicator as to the completion of the necessary force to be employed must be the impression made upon the sensitive branches of the same nerve which supplies the muscles employed in the act of prehension or grasping.

So in standing, walking, or jumping. The contact of the skin of the foot with the ground intimates, in health, only the degree of muscular force necessary to sustain the erect posture in standing; to guage the use of only the required energy in walking; and to moderate the concussion of jumping. Without this normal, consentaneous muscular and sensitive function, precision of action would be lost, and unmeasured exercise of muscular force would be employed during the performance of any of these functions. The nice adjustment of muscular power must be an important thing, for we know that unexpected muscular force breaks the patella.

Now let us go to the bedside. Is it not indisputable that if we allow an inflamed knee-joint to lie upon a soft pillow, unconstrained by mechanical means, the muscles of the joint, stimulated to undue exertion, never allow the articular surfaces to be kept quietly in apposition without pressure upon each other?—thus explaining the fixed condition of the joint. The flexion, too, receives its explanation from the exalted muscular vigour. Thus the flexors—as I before remarked, the more powerful muscles—act unceasingly day and night, apparently without any rest, and especially declare their mischievous assiduity by the wakeful slumbers and disturbed sleep of the patient. This persistent action of the flexors slowly alters the relation of the articular surfaces of the bones to each other—more slowly indeed, but not less surely, than the hour-hand of that clock, which does not appear to move, but yet if I compare its present position with that which it occupied when I commenced this lecture, I discover that it has gone on marking the course of time.

Let us take the case of the knee-joint again. The surgeon sees the inflamed and swollen joint, lying on its outer side, and desires that it may be kept quiet upon the bed, or on a soft pillow. Whether he sees it again in a few hours, or days, or in a week, the first thing that strikes him with regret, and perhaps surprise, is the changed position of the bones. He sees that the knee-joint is considerably more flexed than when he saw it last. On inquiry, he ascertains that neither the patient nor the nurse has disturbed it, and then he recognises that the stealthy and mischievous flexors have secretly effected this change in position. If you give the patient chloroform, and destroy muscular action for a time, the joint is then perfectly movable by ordinary manual force; so that it is not the mechanical distension of the *interior* of the joint by fluid, or the encumbrance of the joint by the fluid or solid results of inflammation upon its *exterior*, which produces early rigidity or flexion: it is forced coaptation and flexion, under the influence of muscular energy involuntarily exerted; for as soon as muscular contraction is destroyed by chloroform, the fixed and flexed conditions of the joint are for the time entirely lost. And here I may state, that over and over again I have seen the mischievous and destructive effect of this increasing state of flexion of the joint, and not seldom, I may say, resulting from procrastination, or inexcusable want of courage on the part of the surgeon to rectify it, or from his yielding too easily to the importunities of the patient or his friends, in order to avoid giving pain to the patient. From the time when the limb begins to be flexed starts the mischief, which by-and-by cannot be controlled.

I have here a drawing from nature to show to what extent flexion is sometimes involuntarily carried. Here you see the

FIG. 4.

The large granulating surface, here very roughly delineated, was the sequel of severe local inflammation and superficial sloughing, resulting from the application of some irritating liquid by a quack doctor to cure the disease of the joint.

tibia flexed upon the femur at a very acute angle. This was originally a case of inflammation beginning in the interior of the knee-joint, and the contraction of the muscles was never resisted in the slightest degree, but was allowed to take its own course, and you see the result.

Here is a sketch of another case of diseased knee-joint, in

FIG. 5.

In this sketch, representing the child's state on admission into Guy's Hospital, the condyles of the femur are visible. They became denuded and exposed some time before I saw the little patient. The ulceration of the skin was occasioned by the subjacent and projecting condyles constantly pressing upon it, the patient being at that time in bad health.

which the tibia and fibula were carried backwards, so that the heel touched the tuberosity of the ischium.

These are extreme specimens of the absence of mechanical constraint, and I feel convinced that the starting-point of the mischief which ultimately led to this condition, necessitating the amputation of these limbs, might have been successfully combated by placing a splint behind the knee-joint, and thus counteracting the influence of these powerful flexors. I may add, both patients did well after amputation. It seems to me that a great mistake is made on the part of professional men, when they see an inflamed knee or other joint beginning to be contracted or flexed, not to correct it at once. I believe that their duty lies in preventing the increase of the flexion, and so averting the condition, which, in these two cases at all events, led to the necessity for amputation.

This sole explanation of the cause of the fixed and flexed joints applies particularly to recently inflamed joints, before the deposition of new and comparatively solid material has taken place around and within the articulation, such as usually occurs in cases of long-continued or chronic inflammation of joints, when, no doubt, the contraction and fixed condition depends partly on the incumbrance of the joints by the new material, and hence the deformity of the joint at that period cannot, even under the influence of chloroform, be entirely removed.

And here let me just refer again to this constantly flexed state of an inflamed joint. Take an inflamed hip-joint: I venture to say that no gentleman here ever saw an inflamed hip-joint with the leg extended. It is uniformly bent, and, also, as a rule, slightly adducted, the cause of which I shall have occasion to refer to at another time. In the case of the knee-joint, when inflamed it is always flexed; but, curiously enough, the malingerer, willing to deceive and to impose, almost always endeavours to indicate his long-continued and extreme suffering by fully extending the leg. But this extended position displays the imposition, for an inflamed joint is never straight, but always flexed, the degree of that flexed condition depending upon the intensity or the long duration of the mischief. Did any person ever see an inflamed ankle-joint, permitted to pursue its own course, remain nearly at a right angle with the foot? The heel is always raised by the gastrocnemii, and the toes pointed downward. So with an inflamed elbow-joint; it is always flexed, never extended. But when we come to the wrist-joint, we find that, although the muscular power associated with it is very great, yet in consequence of the extending and flexing forces being pretty equally balanced, we seldom have much flexion of the hand when the wrist-joint is inflamed. This is in strict accordance with the law which I have endeavoured to place before you—the equality of muscular force not causing much disturbance of the bones, but simply maintaining the joint in a quiet, but fixed condition. So again with the fingers. Who ever saw a finger with an inflamed joint of any duration in which the finger was perfectly straight? Such a thing was never seen; the inflamed joint is always more or less bent under the influence of the flexors. I think we may in the hand recognise the proportionate condition of flexion associated with diseased joints, in reference to a distribution of nerves, on which I shall have occasion to dwell at our next meeting. The forefinger, for example, when inflamed, is generally not so much flexed as the others, because it has an added muscle, the extensor indicis, which counteracts the tendency to become flexed. With regard to the thumb, I should say, as a rule, it is not proportionately so much flexed towards the palm when inflamed as the middle or ring finger. The explanation lies in this: that there is a greater balance of power in the muscles of the thumb, the flexors and extensors, as compared with the corresponding muscles of the fingers. This will explain the extreme flexed condition of some of the fingers, the slight degree of flexion of the forefinger, and the nearly straight condition, as frequently observed, in an inflamed joint of the thumb.

FATAL RESULT OF AN INJECTION OF IODINE INTO AN OVARIAN CYST.—M. Legrand lately mentioned, at a meeting of the Society of Practical Medicine of Paris, the case of a lady who died of peritonitis forty-eight hours after such an injection as the above. It was the second of the kind practised upon her; the first had given much pain, but had been followed by great improvement. The cyst had, however, filled very rapidly after the first operation, and the patient, though weak, wished for the second injection, and had it performed against the wish of the physician called in consultation. The liquid had on both occasions been first drawn off. M. Legrand stated that he had published, in the *Revue de Thérapeutique*, Nov. 1860, two cases perfectly analogous to the preceding.

OBSERVATIONS
ON THE
RHYTHMICAL ACTION OF THE HEART,
AND
ITS DURATION IN ASPHYXIA.

BY A. T. H. WATERS, M.R.C.P.,
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THE rhythmical action of the heart consists in the alternate contraction of the auricles and ventricles. This action commences at an early period of embryonic existence, and only terminates with life itself. The question as to the causes on which this rhythmical action depends, has given rise to much discussion. The most generally received doctrine is, that it is due to nervous influence emanating from the ganglia found in the substance of the heart. The length of time during which the contractions of the heart continue in asphyxia has been a matter of much inquiry amongst physiologists. The question is one of very considerable importance in connexion with the treatment of suspended animation.

In a paper I recently communicated to the Royal Medical and Chirurgical Society of London, I expressed an opinion that the duration of the heart's contraction—i. e., of its ventricular portion, was longer than had been generally supposed; and I stated that I had found the average time during which such contraction continued before it entirely ceased, to be—in the series of experiments I had performed in some of the lower mammalia—about nineteen minutes; in some cases the contraction lasting considerably longer. This statement refers, not to the rhythmical contraction of both auricles and both ventricles, but to the ventricular action alone.

In examining the question of the duration of the heart's beat, it is important that we should consider it in three points of view:—

1st. As to the time during which the rhythm of the whole heart lasts.

2ndly. As to the time during which the ventricular portion contracts.

3rdly. As to the order in which the different cavities cease to act.

With regard to the first point, the following experiments recently performed, and which were accurately observed, may be referred to:—

Experiment 1. A healthy rabbit, nearly half grown, was drowned for five minutes, and, on being removed from the water, was at once opened. About a minute elapsed before the heart was seen. This brings us to the seventh minute of asphyxia.

Observation.—The two auricles and ventricles were contracting rhythmically. The action of the left auricle was feeble, but that of the right cavities and of the left ventricle was strong and well marked. The movements of the heart were watched, without the pericardium being disturbed, for several minutes, during which the rhythmical action continued. At the fifteenth minute of asphyxia there was no perceptible contraction of the left auricle, but the right cavities contracted regularly; the ventricle after the auricle, and the left ventricle simultaneously with the right.

Experiment 2. A healthy rabbit, about three parts grown, was drowned for four minutes and three-quarters, and then opened.

Observation.—The heart was first observed about the middle of the sixth minute of asphyxia. Both auricles and both ventricles were acting rhythmically. The contraction of the left auricle was feeble, but decided. Tenth minute: All the cavities were acting rhythmically; the action of the left side was feeble, that of the right stronger. At the fifteenth minute there was no perceptible movement of the left auricle; the other cavities were contracting. Sixteenth minute: The inferior vena cava and the abdominal aorta were divided; blood flowed from both vessels. Eighteenth minute: The left auricle was contracting again, and the whole heart acting rhythmically and with more power than before the bleeding. Twenty-second minute: The heart was acting rhythmically and regularly thirty-four times in a minute. At the thirtieth minute the two auricles were acting in concert, the ventricles responding, but not regularly. Observation ceased.

Experiment 3. A full-grown cat was drowned for five minutes, and opened as soon as possible—viz., about the end of the seventh minute.

Observation.—Both auricles and both ventricles were acting feebly. There were two auricular contractions to one ventricular; the ventricular contraction immediately followed the second auricular. This continued for a short time, but at the twelfth minute there was but one auricular contraction to each ventricular action; in fact, the heart was acting feebly, but regularly, and in perfect rhythm. This lasted up to the fifteenth minute.

These experiments tend to show the duration of the rhythmical action of the heart in some cases. In the cat, it is true that when observed at the end of the seventh minute the rhythm was slightly disturbed, but it was subsequently restored, and it is therefore fair to assume that it might also have been restored, and the circulation re-established, if artificial respiration had been resorted to.

With regard to the second point, the experiments above detailed, and those to which I have referred in my communication to the Royal Medical and Chirurgical Society, are sufficient to show that the *ventricular* portion of the heart often contracts for a considerable time in asphyxia. I have frequently seen very strong ventricular contractions in rabbits up to the twelfth, fifteenth, and twentieth minute.

It may be thought that the influence of the air on the surface of the heart may in some cases have tended to prolong its action. As my observations were made without the pericardium being disturbed, it is doubtful whether this could have had any such effect. But further, I have seen the ventricles in action when the chest was not opened until the periods I have mentioned.

With regard to the third point, I believe it will be found that the following is generally the order in which the different cavities cease to act; but as my observations on this point have not been very numerous, I do not insist on my conclusions. The left auricle usually ceases to act first; the right auricle and the two ventricles continuing to contract. Then the left ventricle ceases; subsequently the right ventricle is arrested, and lastly the right auricle, which often goes on contracting for a long time.

The great practical point in connexion with this subject, as far as the treatment of asphyxia is concerned, is—*Whether artificial respiration is capable of restoring the circulation:*

1st. When the action of both ventricles of the heart has ceased.

2ndly. When the right cavities alone are acting.

3rdly. When the left auricle has ceased to act, but the other cavities are contracting.

4thly. When the whole heart is acting rhythmically, but feebly.

1st. We have no proof that artificial respiration or any other means is capable of restoring the circulation when once the action of the ventricles has entirely ceased. Mr. Erichsen and Dr. Sharpey performed many experiments with the view of ascertaining this point, and the results always were, that although they could re-excite the circulation through the lungs, and sometimes reproduce the action of both auricles, yet they could never succeed in re-exciting the ventricles. "But, on the other hand, there is never any difficulty in re-exciting the action of this organ (the heart) if regular contractions of the ventricles are still continuing, however feebly or slowly." *

2ndly. I am not aware that we have any proof that, when the right cavities of the heart alone are acting, the circulation can be restored by artificial respiration. My own belief is that such a result cannot be brought about.

3rdly. Can artificial respiration restore the circulation, supposing the left auricle alone to have ceased acting? The question almost resolves itself into this: Can we re-excite the action of the left auricle when it has once ceased? Mr. Erichsen's and Dr. Sharpey's experiments distinctly prove that this can be effected. One of the experiments I have above detailed also shows this, for the abstraction of blood was followed by reaction of the left auricle. My belief is, that as long as the ventricles are acting in concert, and in rhythm with either one auricle or both, it is quite possible that a persistent use in artificial respiration may reanimate an asphyxiated animal; of course, the longer the use of such means is delayed the smaller will be the probabilities of success.

4thly. If it be possible to re-excite the circulation, even when the left auricle has ceased, *à fortiori* may we assume this may be accomplished as long as the regular rhythm of the heart is in nowise disturbed, except as regards its frequency and power. It is during the continuance of this rhythmical action that efforts to reanimate are most likely to be successful; every moment of delay adds to the difficulty and increases the danger.

In a letter which has been addressed by Sir B. C. Brodie to the Royal Medical and Chirurgical Society referring to my paper on Asphyxia, that distinguished physiologist and surgeon states that he has never seen the rhythmical contractions of the heart continue after four minutes and a half of complete submersion. It is very possible that differences may exist in different species of warm-blooded animals as to the time rhythmical actions last, as well as in the individuals of each species. My observations have been chiefly made on rabbits, but they have extended also to dogs and cats. I have found that the duration of the heart's contraction in asphyxia was longer in the first-mentioned animals than in the two latter.

It has been the opinion of many physiologists, that, in cases where animation has been restored in man after prolonged submersion, syncope has taken place at the period of immersion. To this point I have briefly alluded in my paper already referred to. That syncope occasionally takes place in drowning is highly probable; but of the fact itself it is obvious we can have no proof. It appears to me, however, that it is unnecessary to resort to this supposition to explain the recoveries which have taken place. From our knowledge of the prolonged action of the heart in the lower animals, and from facts we are acquainted with in regard to man, I am induced to believe that, as a rule, there is in the latter a feeble action of the heart continued in asphyxia for several minutes—an action which may be increased, provided the function of the lungs can be restored.

In considering the question of the duration of the heart's beat in asphyxia, and the possibility of restoring animation in the affection, it is very desirable that, if we err, we should err on the right side. It is better that we should make *fifty* ineffectual attempts to save life, acting on the supposition of the prolonged duration of the heart's beat, than that we should suffer *one* life to be lost by allowing the opposite assumption to paralyse our efforts. That animation can be restored by artificial respiration, when normal respiration has ceased, is incontestable, and the exact time beyond which no efforts can be of any avail is by no means settled.

Liverpool, July, 1861.

* Mr. Erichsen on Asphyxia. "Edinburgh Medical and Surgical Journal," vol. lxiii.

ON THE RADICAL CURE OF VARICOCELE.

BY J. REDFERN DAVIES, ESQ., M.R.C.S.,
SURGEON TO THE BIRMINGHAM WORKHOUSE.

IN THE LANCET of the 22nd ult., p. 610, is a very interesting case of varicocele, treated by Mr. Henry Lee. Thinking that the following one may be of interest to the profession, I forward it for publication:—

The patient, aged seventeen years, was admitted into the infirmary on the 10th of December, 1858. He was the subject of varicocele on the left side, which has existed for the last three years, and to so great an extent as to prevent him from following his employment. Being desirous of radically curing him, I adopted the method of M. Ricord, which I had seen him perform with success; but instead of the hempen ligature which he used, I tried to do the same thing with silver wire—namely, between the vas differens and the veins, I passed, by means of a needle, a double silver wire, and by the same apertures in the opposite direction, behind all the veins, another wire. By engaging one free end of the wire through the loop of the other one, and doing the same on both sides, the veins were by traction on the wire compressed. This traction was kept up constantly by means of an elastic watch-spring, bent in the shape of a horse-shoe.

In ten days' time, thinking the varicocele cured, and wishing to remove the wires, I tried to do so, and found I could not, though it was easy enough with hempen ligatures. I therefore cut off the wires as short as I could, trusting to the innocuity of silver wires to cause no harm. In another week the punctures were well healed, and he was discharged, the varicocele then appearing perfectly cured.

Seeing him again in about a year's time, upon examination I found that all things remained as when he left; and he stated that he had resumed his work immediately upon leaving. He himself was totally unaware of there being any wires in his scrotum.

Birmingham, July, 1861.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Prooemium.

ST. BARTHOLOMEW'S HOSPITAL.

DISARTICULATION OF THE SHOULDER-JOINT FOR A SEVERE INJURY INFLICTED BY MACHINERY; RECOVERY.

(Under the care of Mr. COOTE.)

IT is satisfactory sometimes to witness the results of an important operation some months after convalescence has been established, especially in such a one as removal of the arm at the shoulder. This opportunity was afforded the pupils at St. Bartholomew's Hospital, on the 16th of March last, when the patient, a stout, healthy-looking man, was brought into the theatre with a false right arm in thick leather terminated by a hook, and fastened round the body by straps. By the action of the scapula through its muscles he could raise the artificial arm, move it forwards, and use the hook, which was of great service to him.

It appeared that the patient was admitted into the hospital on the 27th of September, 1860, with his forearm torn off by machinery, and the limb so shattered and otherwise injured that Mr. Coote, with the advice of his colleagues, removed the remains of the right arm at the shoulder-joint. The flaps united very rapidly, and, in the course of some weeks, the patient left the hospital quite well. His general health has since been perfect, and with his artificial arm he can comfortably gain a livelihood.

The artificial limb, as constructed in this instance, answers admirably, and is a most ingenious contrivance. The stump is covered by a piece of flannel as a means of protection against pressure. The adoption of a similar artificial limb, in the two other cases of recovery, would, no doubt, prove most useful.

On a previous occasion we gave the particulars of a case of arm crushing, at the London Hospital, in a boy, for which the limb was removed at the shoulder by Mr. Curling (*vide* THE LANCET, vol. ii. 1857, p. 198); and another of myeloid disease of the head of the humerus, in a female, at the Middlesex Hospital, for which the same operation was performed by Mr. Mitchell Henry. (Ibid., p. 446.) In both instances good recoveries were made.

ST. GEORGE'S HOSPITAL.

ENCEPHALOID DISEASE OF THE ŒSOPHAGUS ULCERATING INTO THE SUBCLAVIAN ARTERY; DEATH FROM SYNCOPE.

(Under the care of Dr. FULLER.)

THE history of the following case shows that the patient had enjoyed comparatively good health up to the period of a month before admission, when dysphagia commenced, with a feeling of obstruction. On his entrance into the hospital the symptoms were those of stricture of the œsophagus; five days later he fainted, and the alvine discharges contained a considerable quantity of blood; subsequently he vomited some blood, and two hours afterwards he suddenly fainted and died. His illness from first to last was about five weeks.

These phenomena were found to depend upon encephaloid disease of the gullet, low down, near the root of the neck, extending to the subclavian artery, perforating that vessel in the progress of rapid ulceration, and thus accounting for the fatal hæmorrhage, which had passed downwards into the stomach and bowels.

Such cases as this are by no means rare in the annals of medicine; the perforation, however, is more usually found to be into the aorta, a good illustration of which is recorded by Mr. Flower in the thirty-sixth volume of the "Medico-Chirurgical Transactions." In the latter there was absence of malignant disease, the communication between the aorta and œsophagus taking place through the ravages of a perforating ulcer of the mucous membrane. In the majority of the cases on record, malignant or tuberculous disease has been the medium through which the ulceration has extended.

James J——, aged forty-four, was admitted Feb. 6th, 1861, under the care of Dr. Fuller. He had enjoyed good health, excepting a slight cough, until four weeks before admission, when he began to experience difficulty in swallowing, with a sense of obstruction in the throat. On admission he had an unhealthy aspect. He had pain between the shoulders, and was unable to swallow solids at all, or liquids, except in small quantities. There was no external appearance of disease connected with the œsophagus, and there was no want of resonance to indicate any tumour within the chest. He was allowed a sufficiency of milk and eggs, and took cod-liver oil, with iodide of potassium. He got up, and was able to keep about the ward without much alteration, until, during the night of the 11th, he felt a desire to relieve his bowels, and while making his way to the water-closet (two o'clock A.M.) fell into a state of syncope. On his recovery he passed a motion containing a considerable quantity of blood. About eight o'clock he vomited a small quantity of blood, but was nevertheless able to get up and wash himself. He remained without much further change until ten o'clock, when he somewhat suddenly fell into a state of syncope and expired.

Autopsy twenty-eight hours after death.—The body was much emaciated. There was extensive lateral curvature of the spine, so that the vertebral column almost touched the angles of the lower ribs on the left side, and the front of the chest was very prominent. The tibiæ showed old curvature and thickening, as if from rickets. The fauces were healthy; but about three inches below the orifice of the larynx was tight constriction of the œsophagus, through which the finger could with difficulty be passed. On laying open the tube, a considerable surface of ulceration was discovered, extending about three inches down the œsophagus, and involving its whole circumference. The ulcerated surface formed the covering of a large mass of malignant disease, which surrounded the great vessels at the root of the neck. It was of the encephaloid variety, and on microscopical examination presented a great variety of nucleated cells, and in parts an abundant cancer juice. The left subclavian artery communicated with the ulcerated surface by a small orifice, just admitting a common probe, through which the fatal hæmorrhage had occurred. The lower part of the œsophagus, just at its point of entrance into the stomach, was thickened in a part of its circumference by a similar deposit in the sub-mucous tissue, and near it lay two growths infiltrated with cancer, and yielding an abundant creamy juice. The stomach was distended by a large amount of partly clotted blood, and the intestines contained a considerable quantity of blood; otherwise they were healthy. The large vessels (arch of the aorta and its branches) were somewhat atheromatous. The heart and lungs were healthy. The kidneys were granular, and their cortical tissue wasted.

ST. MARY'S HOSPITAL.

VARICOSE VEINS AND ULCER CURED BY THE USE OF BLISTERS, AFTER FAILURE BY NEEDLES.

(Under the care of Mr. URE.)

THE treatment of varicose veins by the application of blisters is so simple that it commends itself to notice. In the following case it was successful, whereas the previous use of needles had failed. In a former "Mirror" (THE LANCET, vol. i. 1859, p. 507) we recorded an instance of the kind under the care of Mr. Ure, who was the first to introduce this mode of treatment into practice. He considers that the blisters cure by causing contraction of the veins and the deposition of fibrine into the surrounding areolar structures; and he has found the cure to be permanent, even in persons of advanced years. Blisters are most suitable in those cases where the vein is unequally dilated, and thicker in some parts and thinner in others than natural.

Caroline C——, aged forty-eight, a cook, married, mother of one child; admitted May 23rd, 1861, for varicose veins of the

left leg, which had been the source of more or less annoyance for seven or eight years past, accompanied with an ulcer of the size of a florin, situated on the lower third of the leg, which was painful at night. The inner saphena vein presented a dilated and tortuous condition, and here and there knots were felt along its course, feeling at times very tense, as if about to burst, associated with pain which prevented sleep at night. She was an hospital patient about a year previously, and was treated by needles, which obliterated the circulation through the distended veins for a period of three months; after which the varicose condition returned to the same extent as before. She employed water-dressing to the ulcer, and the condition of the leg occasionally improved; but whenever she over-exerted herself the ulcer became worse.

Her general health on admission was tolerably good, with the exception of occasional headache and giddiness since the "change of life." Her complexion was of a deep-red hue; pulse natural; tongue furred; bowels torpid; has suffered from piles. Ordered a blister over the ulcer, quinine mixture thrice a day, and an electuary of senna with compound jalap powder.

May 27th.—Ordered a blister, four inches square, to be placed over the cluster of varicose veins at the upper part of the leg.

30th.—Condition improved; another blister to be applied to the varicose veins at the inner side of the knee, as they are bagging at that situation.

June 3rd.—Improving in all respects; appetite good; dilatation of veins materially reduced. Ordered another blister.

13th.—A fourth blister ordered.

24th.—Leg very materially amended by the treatment; ulcer nearly well. She no longer experiences the irksome aching in the limb which she did previously.

July 1st.—Sore healed. A final blister, four inches by three, applied to the lower part of the shin at the inner side, where there are still some slight remains of dilatation.

5th.—The patient discharged, perfectly cured of the varicose veins and ulcer.

UNIVERSITY COLLEGE HOSPITAL.

HÆMATOMA SITUATED OVER THE SYMPHYSIS PUBIS, ATTRIBUTED TO PRESSURE.

(Under the care of Mr. ERICHSEN.)

MR. PAGET, in his work on Tumours, under the name of hæmatoma, describes a sanguineous cyst, characterized by the presence of fluid blood, generally altered in character, and occurring about the neck, the anterior part of the thigh, the leg, the shoulder, and the pubes. An example in the last-named situation is on the eve of discharge from the above hospital, of which the following is a brief history;—

George D——, aged thirty-three, a farrier by occupation, was admitted Feb. 18th, 1861. On Dec. 26th, 1860, he felt some pain over the pubes, and observed that he had a swelling there, which almost incapacitated him from work. He is in the habit, in the pursuance of his avocation, of having a horse's leg between his own, and commonly there is much pressure exercised against the pubic symphysis, and occasionally he receives some smart blows there during the struggling efforts of the horse at the time of being shod. On his admission, the nature of the tumour seemed doubtful; it had a sort of semi-fluctuating feel, and in some respects simulated malignancy. Mr. Erichsen made a puncture in it at the latter end of April, and found that the tumour was a cyst containing nothing but coagulated blood. This did not suppurate, but gradually became absorbed; by the 1st of May it had wholly disappeared, and the patient was shortly after discharged quite well.

He was re-admitted on the 5th of July, not for the pubic tumour, but for pain in the pubes, shooting backwards through the body, and running down the thigh. There was a little fulness in the situation of the old sanguineous cyst, but this was now attributable to some thickening of the areolar structures, the result, no doubt, of the continued pressure sustained in his vocation. A few days' rest and quiet, without any special treatment, has removed the pains complained of, and he is about to be discharged a second time from the hospital.

The formation of these sanguineous cysts, according to Mr. Paget, occurs in three ways: by hæmorrhage into a previously existing cyst, by the transformation of a nævus, and by the obliteration of a vein, which becomes dilated into a cyst. In the present instance, the formation of the hæmatoma may be attributed to either the first or the third; the first seems the more probable, for the effects of pressure may have caused a bursal cyst to grow, which, by a blow or otherwise, became sanguineous. When hæmatoma attains to anything like considerable magnitude, it is very liable to be mistaken for medullary carcinoma.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 3RD, 1861.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

IS THE ERGOT OF RYE, WHEN ADMINISTERED TO THE MOTHER DURING LABOUR, DANGEROUS OR NOT TO THE LIFE OF THE CHILD? A PRACTICAL INQUIRY.

BY R. UVEDALE WEST, M.D., F.R.C.S. EDIN., VICE-PRESIDENT OF THE OBSTETRICAL SOCIETY OF LONDON, ETC. ETC.

IN December, 1855, the author published the particulars and results of an inquiry similar to the present—to the effect that, in a series of 69 cases in which he had administered the ergot of rye on a gross total of 275 labours, 9 children were still-born—viz., 2 putrid at birth; 2 born after labours which were preceded and accompanied by hæmorrhage; 1 born footling, with hydrocephalic head, and consequent fatal compression of funis; 1 in which there was evidence of latent compression of funis; 1 a difficult primiparous forceps delivery; 1 a difficult vectis delivery, the mother seriously ill from excessive œdema; and 1 born dead without any assignable cause.

In consequence of certain criticisms on this paper which were published in France, accounting variously for the results, and challenging the author to continue the inquiry on the same plan, one of the critics, Dr. Danyau, on the part of the Imperial Academy of Medicine, maintaining that, unfavourable though the results appeared to be to him, yet a similar report on a like number of cases would probably be more unfavourable still, Dr. West continued to tabulate his ergot cases as he had begun, with the results which he now begged to lay before the Society:—

Between Dec. 23rd, 1855, and June 22nd, in the present year, on a gross total of 734 labours attended by the author, the ergot was given in 172 cases, including one case of twins, so that there were 173 children born under the effects of ergot of rye. Of these, only 5 were still-born from all causes—viz., 3 putrid at birth; 1 with placenta prævia and profuse hæmorrhage—premature; and 1 with prolapsed funis, detected an hour after the ergot was given, the operation of turning, which was then immediately performed, having been too late to save the child's life. The author urged that, in reply to Dr. Danyau's precise challenge, he might fairly have rested contented with the results of the first 69 cases of this second series, in which there was not a single still-birth from any cause; but he considered that that fact, when compared with the unfavourable result of 9 still-births in the preceding series of 69 ergot cases, proved only that 69 was too small a number to form a correct conclusion from, and therefore he went on with the inquiry until it was spread over a gross total of 1013 labours, on which number the ergot was given in 241 cases. Of that number of 241 ergot cases, including 242 children born, there were, adding the 9 of the first series to the 5 of the second, 14 still-births from all causes—viz., 5 putrid at birth; 1 footling; 1 prolapsed funis; 3 hæmorrhage during labour from placenta prævia; 2 difficult instrumental deliveries; 1 suspected latent compression of funis; 1, cause not manifest. On the whole number of births—1013 labours, and 1029 children born, including the series without ergot as well as that with ergot—there were 50 still-births; of which 5 were born dead without any manifest cause. So that, inasmuch as only 1 of those 5 was born under the influence of ergot, that medium having been given in the greater proportion of 1 in 4¼ of the whole number of labours, the author thought there was no sufficient evidence in the facts he had accumulated to justify the doctrine that ergot of rye was dangerous to the life of the child.

As to the mother, the author found the following results on a retrospect of the gross number of 1013 labours—viz., 7 deaths within the lying-in month, of which 1 occurred with a patient who had had ergot of rye; 18 cases of incarcerated placenta, of which 5 were after ergot of rye; 25 instances of post-partum hæmorrhage, of which 5 were after ergot of rye; 30 cases of puerperal disease or disorder, of which 9 were after ergot of rye. So that he was led to the conclusion that ergot has little

or no influence in either causing or preventing parturient or puerperal accidents or diseases. At the same time he wished to remark, that probably in proportion as ergot might improve uterine action, certain accidents which depended on deficient uterine action, such as post-partum hæmorrhage and after-pains, might be controlled by ergot of rye.

The author concluded his paper with the observation that the tables before the Society appeared to prove that it was immaterial in what stage of the labour the medicine was given; whether the os uteri was rigid or supple; whether the liquor amnii was or was not evacuated; or whether the mother was multiparous or primiparous; but that it was essential that actual labour should be present, as well as that the accoucheur should be competent to meet any emergency that might arise, just the same as when ergot has not been given; that ergot was useful wherever it was desirable to improve uterine action; and that it could be dangerous only where uterine action would be dangerous, as, for example, in a case of arm presentation after the liquor amnii was evacuated, as then it would make turning more difficult.

Dr. GRAILY HEWITT thought the Society was under very great obligations to Dr. Uvedale West for the valuable paper now read. He felt bound to say that the details given were most complete, and the conclusions drawn by the author appeared to be most fully borne out by the data afforded. So far as these cases went, the innocuity of the ergot given must therefore be considered to be proved. With reference to the main question, it was impossible to consider what effect has ergot in producing still-birth without also considering what are the causes of still birth generally? Observations recently placed on record by certain German authorities conclusively proved that, in a certain number of cases, children were still-born owing to intra-uterine respiration. Respiratory action was induced while the child was still in the uterus; the consequence being aspiration of amniotic fluid, meconium, &c., and suffocation. One of the causes of such intra-uterine respiration was probably the introduction of air from without acting on the surface of the child, and inciting respiratory action. At all events the fact was undoubted, as pointed out by Schwartz, that such respiration might occur, and Breisky particularly had recorded cases in which examination of the child and the presence of aspirated matters in the air-tubes placed this beyond a doubt. It was therefore very important that in cases of still-birth this possible cause should be eliminated before the death was attributed to ergot, or indeed to any other cause.

Dr. TYLER SMITH, while expressing the highest opinion of Dr. West as an accoucheur, felt obliged to dissent from his views in regard to the administration of ergot during labour. He could not consider the facts of his paper sufficient to outweigh the proofs which could be adduced to show the bad effects of ergot on the child. Dr. Ramsbotham's large fœtal mortality in cases of the induction of premature labour by means of ergot, and the enormous experience of the Dublin school of midwifery, already proved that ergot considerably increased the rate of fœtal deaths. The statistics of Drs. Hardy, M'Clintock, Johnstone, and Sinclair, extending over many thousands of cases, were so convincing upon this point that it was a rule in the Dublin Lying-in Hospital to deliver the child by the forceps if it was not born within twenty minutes after ergot had been given. It might be a question whether ergot acted as a poison to the child, or whether it caused asphyxia by persistent contraction of the uterus; but of its deleterious influence he had no doubt. In his own practice he gave ergot to bring away the ovum in cases of abortion, and he always used it in cases of actual or threatened post-partum hæmorrhage, but he rarely, if ever, gave it during labour. He thought it might be laid down as a rule that ergot was a post-partum, but not an ante-partum remedy. He believed it could never be given safely except under circumstances in which the forceps were applicable, and he preferred the forceps, because, properly handled, they involved no risk either to the mother or the child. It appeared to him that Dr. West's conclusions were not borne out by his own statistics. With ergot he lost 1 in 17 children; and without it, 1 in 20—a difference of about one per cent.

Dr. J. BRAXTON HICKS, without entering into the question of the poisonous influence of ergot upon the child, felt sure that those who had seen much of consulting practice in poor districts would bear him out in the assertion that occasionally the effect of that remedy was to cause the continuous contraction of the uterus in the circular direction, rather than in the longitudinal, whereby the child was so tightly clasped that it perished from pressure on the funis, although the pelves were of ample size.

Dr. BARNES thought that no subject was more worthy of discussion by the Society than the causes of still-birth, and Dr. West had brought forward the question of the influence of ergot upon fœtal life in a most admirable manner. Still he could not agree with Dr. West's general conclusion. He had entire confidence in the researches of Drs. Hardy and M'Clintock. These gentlemen had proved by auscultation that the heart began to intermit in its action soon after the exhibition of the ergot, and before any mechanical pressure was exerted upon the child's body. The toxicological influence of the ergot seemed established. But he had observed direct injurious effects: he had seen more than once the child driven with such violence through the pelvis as to rupture the perinæum. It was an inconvenience attending the use of ergot that from the moment it was given the practitioner lost his control over the labour; the action of the uterus might be excessive, and could not be moderated. The mortality of 1 in 17 under ergot, related by Dr. West, must be regarded as excessive; it equalled that in the Dublin Lying-in Hospital, where an unusual proportion of putrid children were born. The proportion in the Maternity Charity, where the patients were delivered with probably as little interference as possible, was 3 per cent. Dr. Granville, in his paper in the last volume of the "Obstetrical Transactions," gives about 2 per cent. as the proportion of still-births. He believed that wherever this proportion was much exceeded some abnormal cause acting unduly upon fœtal life might be suspected.

Dr. HALL DAVIS observed that the conclusion he had arrived at from an experience of thirty years was, that the ergot of rye was a powerful agent. He had seen one case, if not more, where rupture of the uterus was distinctly traceable to its exhibition in a small pelvis, and he had seen other evils from its use in improper cases. In his district of the Royal Maternity Charity he had a rule to restrain the midwives from using it without his permission in any case of protracted labour. He was not satisfied that we had proof of the poisonous influence of the ergot, although an examination of the blood in the still-born fœtus might enlighten us in this respect. He believed that the mortality of the children, which is certainly increased by its use, is chiefly due to its being given in cases of much resistance to the birth; and that the deaths are the result of pressure upon the child's body placed between the two opposing forces—that of parturition unduly excited, and that of an unyielding obstacle,—and also of the circumstance that the uterine efforts occasioned by the ergot are continuous, instead of being divided by those intervals of relaxation and rest observed in natural labour, and so essential to the safety of the child.

Dr. CHOWNE regarded the paper as valuable, and he thought Dr. West's conclusions more favourable than were to be expected. His impression, however, was, that the ergot of rye required caution in its use. He did not think it exerted any poisonous effect upon the fœtus, at least he had never seen anything to countenance such a conclusion; but by the continuous uterine contraction which it caused it might do harm.

Dr. UVEDALE WEST, in reply, observed that the different speakers had not addressed themselves to the facts of the paper, and that many of the remarks made were consequently *hors de la cause*. With respect to the danger of the ergot in cases of rigid os uteri, he had no proof of it; it was very remarkable, that, by a critic writing in the *Gazette Hebdomadaire*, this circumstance was stated as explanatory of the immunity of his (Dr. West's) saved children. The President's caution as to the necessity of delivering within twenty minutes after the ergot was given would be shown to be needless, if the tables were studied, the interval having been many hours in cases where the children were born alive. Lastly, he would observe, that the only object he had in bringing the subject forward was to arrive at the truth.

IMPROVEMENTS IN SPAIN.—As examples of the desire at present actuating Spanish authorities to improve their public institutions, it may be stated that very recently Dr. Quijano, Physician to the Deaf and Dumb College at Madrid, has been commissioned by Government to travel in foreign countries for the purpose of obtaining information on these two subjects. Further, they have also sent Senor Kinavides, Surgeon to the General Hospital of Madrid, to inspect the benevolent establishments of other kingdoms, and report on their administration, with a view to reform those in Spain according to the practical information which may be thus obtained. Such proceedings are highly laudable, besides being also well worthy of imitation by some other peoples, who conceitedly consider themselves in many things superior to Iberians, but often erroneously.

Reviews and Notices of Books.

The Autobiography and Services of Sir James M'Grigor, Bart., late Director-General of the Army Medical Department. pp. 418. London: Longmans.

THIS book contains the history of an earnest and honourable life; and the story is told as becomes its subject—modestly and pleasantly. The autobiography, occupying five-sixths of the volume, terminates in 1815, at the period of Sir J. M'Grigor's appointment as member of the Army Medical Board, of which, in a remodeled state, he was shortly afterwards appointed Director-General. It is therefore his life of active field and hospital service, rather than his official career, which forms the main subject of this work. And it is this which constitutes the chief interest of the book. Hither, then, into the crowded hospital, the fever-carrying transport, the camp, the siege, and the battle-field, let the reader follow us.

A cockade and a cocked hat, worn in an hour of vanity by a young Scotch medical student, may be said to have decided M'Grigor's destiny. He acknowledges the fact. But some books on anatomy and physiology gave a purpose to his military ardour by opening before him a field where glory might be won, and in the same direction. The opportunity, too, was favourable—the war of the revolution commenced (in 1793) against France. There was talk of nothing but gunpowder in Edinburgh, Aberdeen, and London; and M'Grigor entered the army as a medical officer. Coming from Aberdeen to London, he must needs bring a little wooden box containing a skull and a few bones, on which he had made some student's notes; and this box had well-nigh brought him into trouble. A violent storm arose, and in the midst of the tempest the box broke loose, its contents being scattered over the cabin. The horrified seamen here perceived the cause of the storm, and had gone near to throwing the box if not its owner into the sea. Soon after joining the Connaught Rangers, one fatal duel, and an absurd challenge to another, fortunately decided him to "avoid brandy-and-water parties at night," and tended greatly to regulate his conduct ever after in the army. Typhus, the army scourge of that period, destroying its thousands annually, seized him at Jersey, and had nearly proved fatal. At Bergen-op-Zoom this fearful disease laid down not fewer than 200 of his regiment, and overwork and illness, in consequence of this, again prostrated him. On his recovery, follow him into the horrors of the siege, amongst the wounded, fevered, dying, and dead. In a large church which he had turned into an hospital, while engaged in tending the wounded, he saw several cannon-shot go through the walls, and some shells burst into it. See him again struck with deadly typhus, caught by sleeping in a bed from which the corpse of a man who had succumbed to the malady had just been taken—sick, staggering, unconscious—awaking in a hovel, and finding "something brown, like mud, on his breast and shirt," a mixture of bark and wine—and we have a faint shadow of what the army surgeon may have to encounter when engaged in "active service."

At home again, and restored to health, we find him busy in hospital duties, directing the discipline, and improving (or rather creating) their sanitary arrangements. Shortly afterwards, being ordered to Grenada, he was shipwrecked. Then again he is in the field of action, and is employed tending the wounded, when a gun is opened on the situation, and two of his patients are killed under his hands, bespattering him with their blood. Then again in retreat, the bullets absolutely "tearing up the ground close to us on each side, and even between our legs!" Afloat in a tub of a transport, with a captain dead-drunk, the sea running mountains high, and many of the hands down with yellow fever, he reads the burial service, and, committing a body to the deep, the coffin bursts, and the corpse floats a ghastly spectacle on the surging waters. Few men have passed through the great events of those stirring times—through pestilence, battle, and tempest, as he did, and lived to tell the tale.

At the conclusion of the war, the gross abuses of the Military Medical Department occupied M'Grigor's ever-active mind. At this moment the class of medical men who had entered the army, under pressure of the war demand, was deplorably below the mark, even in general, and still more in professional education. And by a most wise and judicious step Sir James remedied this great evil. Many being placed on half-pay, he informed them that their prospect of promotion wholly depended on their now perfecting themselves in their medical studies. A new spirit of emulation was infused into this department of the public service, and a class of surgeons was created equal to all the need of the soldier, and therefore equal to the most difficult and arduous duties of our profession.

Again we follow him into active service, this time in Lower Egypt. A rapidly fatal fever, thought to be typhus, appeared among the troops. But a still more formidable disease lurked there:—

"One morning, as I was leaving the hospital, where I had been sedulously employed with the sick for three hours, from five o'clock in the morning, I passed the receiving-room, and observed that one man, who was coming out of the bath, had buboes both in the groin and about the neck. On my noticing this to the hospital steward, he told me that several of the last admissions were similarly affected, and added that every one of the three corpses then in the dead-house, of men who had died the previous day and night, had these swellings. On my visiting the dead house, and examining the three bodies, to my horror I found this to be the case, and, returning to the wards, found that several of the severe cases had buboes. Having no doubt that I had the Plague in my hospital, on returning to my quarters it may readily be believed that I went with little appetite to breakfast, as from the intercourse which I had with the sick I felt I could hardly escape the disease."—p. 118.

As Inspector of Hospitals, at the conclusion for a time of his duties in the field, he appears to have felt quite in his element. And, undoubtedly, there was great need of an upright and earnest man for the reform of the abuses which oppressed the Military Medical Service, and reduced it to a mere question of accounts—the utmost solicitude being displayed about the ounces of soap, salt, and oatmeal, and the greatest carelessness as to the features of disease, or their remedies. Sir James changed much of this. He established an excellent system of hospital *clinique*, and by great tact and firmness he got the medical officers up to their true work. Few men could have said, as he could, after completing this important reform, "I hardly ever met with a rebuff"—a testimony as honourable to the medical men with whom he had to deal, as flattering to his extraordinary address in the execution of this delicate business. Chapter X. of this work may well be commended to the attentive study of all who are called to high office in this department of the public service.

Overwhelming duties at Portsmouth, owing to the arrival of Sir John Moore's army from Corunna, find him as energetic in practising himself the careful management of large masses of sick and wounded as he was in enforcing this duty on others. Soon after this he marries, and but a little while after, the post from London very unexpectedly, and not to his wish, calls him again into the field as chief of the medical staff under Lord Wellington. This introduces him once more to the field of battle, to the trench, and to the siege. The bloody capture of Badajoz and the battle of Salamanca are passed through in Chapters XIV.—XVI. Everywhere the same earnest, cheerful, busy, methodical man stands before us, tending the wounded, arranging their transport, providing for the sick. See him again returned home, presented at court, knighted, publicly commended and honoured, and placed on his retiring pension. Is his love for his profession chilled with age? By no means; he begins to study anatomy in the Windmill-street School, and chemistry under Brande; nor was there any more assiduous pupil in those theatres. Hesitating as to his future career, he

is offered the Director-Generalship of the Army Medical Department, and accepts it. Again he sets himself to the reform of the medical returns of the army, which had become so notoriously given up to mere questions of pounds, shillings, and pence, as to have excited ridicule amongst all military men. And here he closes the scene of his labours.

A supplementary Chapter, completing the story of his life, shows the same unwearied and unwearable man at work, during the long tenure of his office, collecting reports, returns, statistics of disease, until they swelled to the goodly number of nearly 350 folio volumes. In the spring of 1851 his public work is over; full of honour and of years he retires from his office, having spent no less than fifty-seven years in active public service. He died in London on the 2nd of April, 1858, a few days before the completion of his eighty-eighth year, without pain, and, as it is said, almost without disease.

This book, as interesting as a novel, constitutes a valuable addition to our scanty medical biographies, and deserves and will repay study as the life of one of whom our great military chief worthily wrote, "I consider him one of the most industrious, able, and successful public servants I have ever met with."

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

LINDSEY'S PATENT TRUSS.

THIS truss, recently patented by Mr. Lindsey, of Ludgate-street, is of a novel construction, and appears to possess several important advantages which are likely to recommend it as a more than ordinarily useful and effective appliance. The pad

shown in the diagram is composed of a simple metallic plate, shaped so as to fit with exactness the inguinal region, covering both rings, and padded with an improved material highly elastic and very durable. This is attached to a strong elastic band, to which are appended two thigh straps, which fasten on the back of the belt, and thus keep the pad in position. The whole is so arranged that any amount of pressure can be applied by the wearer without inconvenience. It is equally efficient in single or double hernia, and, from the absence of steel springs, can be worn with a great amount of personal comfort.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—In common with a large number of other Fellows of the Royal Medical and Chirurgical Society, I recently signed a memorial to the Council, requesting them to consider the expediency of carrying out certain measures which were mooted in the course of the discussion of the amalgamation of certain other Societies with the Royal Medical and Chirurgical.

Having for some years given attention to the subject, and as it appears desirable that all questions should be well ventilated during the recess, I propose occasionally to submit certain points for consideration, not without hope that I may conciliate your powerful advocacy in aid of the adoption of some of them. As I have just heard that there is to be a special general meeting on Tuesday next, I will here only advert to the subject which was, perhaps, the more salient in the recent discussion—I mean the selection and appointment of sections of the Society, from time to time, for the purpose of investigating special inquiries.

Mr. C. Hawkins observed (as I think with great truth and justice) that there were many questions sometimes on which the public had a right to expect information from the profession; and that the communication of such information, as the result of adequate investigation, would be equally advantageous to the public and the profession. As I published, in more forms than one some years since, the very great importance which I attached to this part of our duty, it is needless to say how entirely I concur in these sentiments. In the course of a long experience I hardly recollect any period in which there have not been questions, both in the practice of medicine and surgery, calling for this kind of inquiry.

As mere samples, which are even now desiderata, I may cite, amongst many others—

The nature of any unusual or prevailing epidemic.

The examination of any alleged novelty or improvement.

The action of particular substances as alleged, such as cod-liver oil, &c.

The pathological relations of puerperal fever, peritonæus, and other affections occurring in the practice of midwifery, with *quasi*-cognate pathological conditions occurring indifferently in either sex.

The best modes of restoring suspended animation from drowning, &c.

The selection of the sections should be made, of course, with great care, and whilst it included some whose practice involved more or less of the subject proposed, should always associate others—physicians or surgeons, as the case might be—who practised the profession generally. I will not, however, intrude more on your space at present, but reserve other points for a more fitting opportunity.—I am, Sir, your obedient servant,

Court-yard, Albany, July, 1861. GEORGE MACILWAIN, F.R.C.S.

THE CHEMICAL EXAMINATION AT THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—I am a candidate at the Preliminary Scientific Examination of the University of London, and I was examined in the following careful manner by experiment. I was taken into a little room, and was told to examine two solutions. Of course, every facility was afforded, as the following statement will show:—1. The reagents were arranged so as to exercise the eyesight—that is to say, acids, alkalies, and salts all mixed up, as if they had been put on the table by a lazy housemaid. 2. The stoppers were tightly jammed in; in one case so tightly that I was obliged to use a bottle off a neighbouring table. 3. "Means for procuring hydrosulphuric acid were provided"—that is to say, a bottle, *smaller than any of the others*, contained lumps of sulphide of iron too large to go into the apparatus. I was expected to use my fingers as pestle and mortar, and hurt them not a little by so doing. 4. No assistant to point out the locality of a test, the only person provided being one apparently ignorant of the names of chemical substances. 5. For the whole of the operations—viz., extracting stoppers, selecting individual bottles from the crowd, breaking HS under difficulties, and testing the solutions, fifteen minutes were allowed.

I certainly did expect to be examined in analysis of solutions, and not in the sorting of bottles against time, as if I were qualifying as a druggist's assistant. Many are in the same situation, and were all candidates bold enough to give their conscientious opinion with regard to the arrangements, you would hear but a variation in one or two particulars of my statement.

By inserting this, Sir, and affording an opportunity for explanation, you will much oblige

Your obedient servant,

July, 1861. UNDER.

*** This letter is one of many we have received on the same subject, and all concurring in the same grounds of complaint. It certainly does appear unnecessary to add to the ordinary difficulties of a scientific analysis the complications of disorder and want of proper means which these complaints substantiate. The matter will no doubt undergo investigation by the Senate. The present candidates will hardly be made to suffer for the want of proper arrangements on the part of the Examiners.—ED. L.

THE LANCET.

LONDON: SATURDAY, JULY 20, 1861.

THE provision of public asylums for the insane of the middle classes is a subject that demands the earnest and continuous attention of the medical profession. The movement so happily begun by Lord SHAFTESBURY, Mr. GURNEY FRY, and other excellent men, will have resulted in very inadequate success if it stop short at the establishment of one small asylum. The spirit that directed these gentlemen to associate for the accomplishment of this object, cannot be so limited. It must be felt throughout our entire asylum system. The principle of withdrawing insane persons as much as possible from the market of commercial speculation, and of making them objects of public solicitude and guardianship, is one of very wide application. More or less comprehensively it may animate and rule the constitution and government of every asylum in the kingdom. More especially, and with more immediate practical advantage, may it be applied to the reform and extension of several foundation-asylums of a non-proprietary character which already exist. There are several institutions which have been endowed by the benevolence of deceased individuals, which seem peculiarly to need a reform of this kind. It cannot be doubted that the enlargement of asylums of this class, and their adaptation to the succour of persons above the rank of paupers, are objects essentially within the intentions of the founders.

St. Luke's, not generally conspicuous for enlightened administration, has at least set an honourable example in this respect. For the origination of this remarkable advance the hospital is, we believe, indebted to the earnestness of Dr. STEVENS, the late Superintendent. The example deserves to be extensively imitated; nor are suitable opportunities wanting. St. Luke's itself might with the utmost propriety go further than it has done. It now receives a few patients on payment of a pound a week. We cannot but believe that if this fact were widely known, and if the reception of patients of limited means belonging to the educated classes were *encouraged* by the Governors, there would be few vacancies in that now comparatively deserted institution. The retention of an hospital in the centre of a populous district, where the need of a ready refuge under the affliction of insanity is often and urgently required, is, we are satisfied from direct observation, an absolute public requirement. That a sufficient accommodation for this purpose should be preserved on the present site is therefore a paramount duty. But it is a matter of experience that the existing building is larger than is necessary for this end. Since the foundation of Bethlehem and St. Luke's, and other similar institutions, the class of lunatics which it was the desire of the founders to relieve, have been amply—more amply than any other class—taken care of by the Legislature. The so-called labouring classes which come more immediately within the embrace of the Poor-Laws have now a never-failing refuge in the magnificent county and borough asylums which have within this century risen up in every part of the kingdom. These have taken off the pressure from the endowed asylums. But they leave a large mass of suffering unredressed. It would in countless cases be a bitter aggravation of suffering to force persons brought up in ease, with minds cultivated by education and rendered sensitive by the habit of refined associations, into a pauper asylum. Upon the middle classes is heaped far more than their just share of the public burdens. The penalty of the improvidence and misfortunes of the masses is largely thrown upon them. Under the double care of providing for their own families and supporting the heavy load of public taxation, many, overwrought, sink into lunacy, deprived by their calamity of all means of subsistence. To whom, of better right, belongs the succour provided by endowments left by men of their own class? These endowed hospitals, it must not be forgotten, were never intended for paupers, who have a legal provision. They were expressly designed to relieve those for whom there was no adequate provision. It was the assistance of the very class whose case we are now advocating that seems to have been the earnest care of the benevolent men who left their wealth to these foundations. Thus, the Bethel Hospital, at Norwich, was founded a century and a half ago by the widow of a Norfolk clergyman. This hospital, of all others, ought to be entirely, or at least principally, devoted to the relief of the educated classes. As now conducted, it appears to serve rather as an asylum of ease to the pauper—asylums of the city and county of Norwich and Norfolk differing chiefly in being, if possible, more disgracefully managed. Nothing can be clearer than that the ratepayers have no right to appropriate the endowment left by private beneficence for a specific purpose, to enable them to evade any portion of the charge laid upon them by the Poor-laws. Yet is this hospital so wretchedly deficient in comfort, and governed in a spirit of such miserable parsimony, that it is quite unfit for the reception of any person who has ever become habituated to the decencies of life. The entire area occupied by the hospital, which stands within the city walls, does not exceed an acre. It receives from seventy to eighty patients. The Commissioners in Lunacy report that, in 1860, the dress of the worst class of inmates was very slovenly and dirty; the means of personal washing was still defective; trough bedsteads, straw beds, and chaff pillows, still existed; the floors were flagged, the day-rooms unpapered, and comfortable furniture still wanting; there was no Chaplain to bring in among these forlorn souls the cheerful fresh thoughts and sympathies of the outer world, or to soothe them with the ministrations of religion, made more grateful and more effectual by the refinement of education and the influence of authority; prayers were read—for the sake of "economy"—by the master and matron to such patients as wished to attend. The triumphant reply of the Governors to the charges of the Commissioners is, "The maintenance of the patients is only about two-thirds of the cost of any similar institution."

If this meanness be the forced result of narrow funds, what so easy as to appeal to the wealthy, and to enlarge their resources by admitting a new class of patients, on moderate payments? Thus would true economy and extended usefulness go hand-in-hand, supporting each other.

This case of the Norwich Bethel we have especially made the text of our remarks, because it presents the most urgent need for reform. But the argument for turning the appropriation of the endowed funds of public asylums into a new channel, applies to other cases. Sooner or later this change must be wrought. Better that it should be effected by spontaneous efforts than by legislative compulsion.

AN amusing writer has remarked that the first step in civilization was to find something good for dinner. As civilization advances, to do so ought of course to become an easier matter; and if one old-fashioned school of naturalists be true, the most obstinate anti-progressionist should yet feel grateful. According to that school, men and women in a nascent state of society used to eat one another; and even now, as M. DU CHAILLU has recently informed us, in some parts of Africa the first great step has yet to be entered upon. Had most races, however, been as little disposed as these worthy compatriots of the hippopotamus and the gorilla to make an alteration in their daily commissariat, it is difficult to see what other result we must have come to than long ere this to have devoured each other. It is true a *last man* must have been left, to whom it would yet have been open—if a man of genius—to have inaugurated civilization, and to have found something else for dinner. Fortunately we have not been left in this strait; anthropophagous propensities, however natural to some, were clearly repugnant to the many. Consequently the course of time has given to us a tolerable diet table, and the inventive genius of our civilizers has blessed us with many culinary riches. But with all our progression in this respect, are we as advanced as we ought to be, or as we might be? Vulgar minds and common stomachs may be satisfied with our gastronomic status, say modern *gourmets*, but the man of progress and of Lucullian appetite never! We must still have, urges the latter, more varied articles to eat, and more numerous ways in which to eat them. If the contented man points to his beef and his mutton, to his partridges and his deer, and says that he is satisfied, he is told his contentment is only the parent of mediocrity. M. G. ST. HILAIRE shakes his head at him, and assures him that there are somewhere about 40,000 species of mammals, out of which he makes use of only forty-three. The new Society for the Acclimatization of Animals, &c.,* urges upon him not to stop in his civilization, but "to make further "efforts to enlarge the supplies of animal and vegetable food, "as well as of useful objects, in this our favoured country." If, on the other hand, he parades his *cuisine*, or hides behind the "old epicure," who has shown that no less than 124 dishes may be elaborated from that tasteless foundation—a rabbit,—an aphorism of BRILLAT-SAVARIN is thrown in his face. "The "discovery of a new dish," writes that great philanthropist, "does more for the welfare of humanity than that of a new "planet." Of the latter we surely have plenty already, but of the former who can say that we have sufficient?

But it is not only the *gourmet* who is asking for an improved edition of the "Almanach des Gourmands," and the Society of Acclimatization for more edibles, but the political economist is unmasking the state we are in. We are informed that the stoppages from the pay of soldiers in hospital &c. amount to no less than £117,000, and that in a large proportion of cases the origin of the complaints for which they are thus made to pay is probably due to the inferiority of the food which we choose to give them. In return for the 8*d.* a day which the soldier pays the Government for messing, he is supposed to receive 1 pint of coffee, 1 pint of tea, 1¼ lb. of bread, ⅔ lb. of meat, and 1 lb. of potatoes. Now the men grumble, we are told, not at the quantity but at the quality of these provisions:—

"For what these beverages, dignified by the names of tea and coffee, are really composed of, would puzzle any but an analytical chemist to determine. The mixture substituted for the fragrant Mocha possesses such strong detergent qualities that, whenever practicable, it is exchanged for that representing the choice Bohea, which has the advantage of being harmless, though at the same time it is marked by a flavour, compared with which that of the sloe-leaf would be delicious. With regard to the bread, there are seldom more than two faults to be found with it: a slight sourness, indicative of a prodigality of alum; and a slight doughiness, indicative of an economy of fuel on the part of the baker. If, however, the tea, coffee, and bread are indifferent, the meat is worse than indifferent. Carcases are sent into barracks day after day, at the sight of which even Dr. Letheby himself would stand aghast—carcases of sheep which present most unmistakable signs of having escaped a violent death—carcases of larger quadrupeds which may or may not have belonged to the bovine species. Nor is the quality of the meat improved by the cooking. Huge lumps of flesh are precipitated into a boiler, where they remain a certain time, at the end of which they are taken out, done or underdone; they are then chopped up and hacked into smaller pieces, and divided into so many messes, according to the strength of the company. The fare of a farm labourer is generally supposed to be coarse, but there is scarcely ever a recruit fresh from the plough-tail who sits down to dinner with other feelings than those of loathing and disgust. Constant exercise at drill provokes hunger, and by degrees he learns to eat his mess with the reflection that if he does not choose to do so he may starve."

If we were indisposed to join in the demand for more varied food and fresher ways of dressing it generally, we must yet ask for something better in both ways for the soldier, whose dietary is—as SIDNEY SMITH would have said—confusion. But we really do think that the British islanders are yet open to much improvement in this branch of their civilization. Why should they continue to live upon beef and mutton, potatoes and cabbages only, whether cheap or dear, in good or in bad condition, all the year round, when, perhaps, with a little inquiry and care they can bring within the reach of all a more varied, and therefore less precarious, dietary? It is true that the means of some permit of a few trimmings to their table, like green peas and salmon; but such things are, of course, necessarily limited, both in use and time.

If, then, we can get other animals, other birds, other fish, and other plants, which will yield us a more varied diet at more varied seasons, why should we not add them to those *pièces de résistance* we already possess? The soldier even might then perhaps hope for some improvement both in his food and its cooking. We consequently offer our best wishes for the success of the "Acclimatization Society," which has now been in operation one year. Amongst many benefits promised by it is the great one of rendering us less dependent upon a limited number of articles fit for food. Already live quails have been received from Canada, and placed under the fostering care of one of the Society's patrons, Lord MALMESBURY, at Heron Court. Prairie grouse have been obtained from America, and a pair of Brittany sheep (a portion of a flock which was exhibited at the Crystal Palace) are doing well under the surveillance of Miss BURDETT COUTTS. Of these diminutive sheep Colonel H. VYSE also reports favourable progress. The co-operation of the Thames Angling Preservation Society has been obtained to superintend the turning out of young salmon within their preserved waters; and Mr. HEDGES, of Sunbury, has offered the use of his stream for the establishment

* First Annual Report of the Society for the Acclimatization of Animals Birds, Fishes, Insects, and Vegetables within the United Kingdom. 1861.

of a fish hatching apparatus therein. A good new pond fish is sadly wanted it would appear, and much correspondence regarding the transport and acclimatization of *Lucio perca* has taken place. But Dr. GUNTHER, of the British Museum, whose extensive knowledge of fish has obtained for him a European fame as an icthyologist, has given his verdict against this species. He recommends, instead, *Silurus glaucus*, which he has himself brought alive to England, and *Osphrohemus olfax*, which is pronounced to be the best fresh-water fish in the world. The latter is a native of Jamaica, but has been taken alive to the Mauritius. Small sheep from Aden, from India, and from China are being negotiated for by the Society, as also further importations of the eland, on the Apician qualities of whose flesh a party of gastronomic *savans*, it may be remembered, sang praises a year or two ago. The Society has also offered a premium to whoever will deliver in England living specimens of the Murray cod—a fresh-water Australian pond fish, of which Mr. WILSON gives a very high character, and intend sending an agent to Prussia to bring over a stock of the *Sander*, another very valuable pond fish, according to the same good authority. As regards the vegetable kingdom, we may state that *Dioscorea batatas*, or the Chinese yam, is in cultivation, not only under cover, but an acre of land has been planted with roots already acclimatized in France by several years' growth. The West Indian sweet potato is also undergoing trial. Specimens of an edible bean from Honduras have been consigned for experiment; and beans from the Mandar tribe (triennial) producing all the year round, and forming excellent food, have been distributed to such members as have accommodation for them. Other beans and peas, of good qualities as food, and of beautiful foliage, are likewise upon trial. We may here also add that the Emperor of the French has recently given orders to make experiments for the acclimatization in the mountains of Roussillon (Pyrenées-Orientales) of the mountain bamboo, the seeds of which have been sent to France by M. DE MONTIGNY, the Consul-General of France in China. This plant, which requires very little cultivation, will, it is expected, prove of service in replanting the mountains in the south of France. Finally, M. G. ST. HILAIRE, the President of the French Imperial Acclimatization Society, has offered to establish friendly communications and interchange objects with our own Society. The latter, we trust then, is in a fair way of doing much service, the more so as the Duke of NEWCASTLE has offered any assistance in his power, and to write to the Governors of the Colonies, who can probably assist it by the procurance of new animals and plants.

UNTIL the General Medical Council find it proper to admit reporters to its meetings, the readers of THE LANCET must be content with that which the Council calls the "Minutes" of its proceedings. Of what these consist we gave a pretty fair specimen in our columns last week. It is difficult to conceive anything more unsatisfactory than these documents. Resolutions upon resolutions, and amendments upon amendments, useless repetitions, and all without a word of explanation. "The reason why" is wanting for all useful purposes. As far as Minutes are concerned, it was not necessary that they should occupy a quarter of the space. An experienced reporter would have succeeded, not only in condensing, but in giving something like life to the proceedings, and would have enabled the profession to test the value and efficiency of their representatives. If the Council is to possess the confidence of those who are legitimately its constituents, its proceedings must be open to the public.

Is it legal for a druggist to prescribe for a patient who presents himself for advice at the shop counter? This question has been answered in the negative by the Judge of the Exeter District County Court. A report of the proceedings in the case will be found in the last number of THE LANCET. We believe there can be no doubt that Mr. TYRRELL's law is correct. An apothecary has been defined by the Judges to be "a person who attends, prescribes, and dispenses medicine for gain in a medical case." Counter practice, then, by an unqualified person is clearly an infringement of the law. If he cannot recover for medicine so supplied, he is liable to prosecution under the Apothecaries Act. The evils resulting from the practice of medicine by mere drug-sellers are incalculable; they far exceed all those resulting from quack nostrums, or from the practice of homœopaths or other pretenders to a knowledge of medicine. Well would it be for society if the counter-practice of druggists could be put an end to. Thousands of lives would be saved annually, and curable diseases taken out of the hands of those who make them incurable and hopeless. This is a subject worthy the attention of the National Medical Registration Association, a body which has already conferred immense benefits on the profession and the public.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF DENTISTS.

THE Council of the so-called "College of Dentists of England" lately requested the insertion in our columns of a statement in reply to the charges—that they had no right to that title, since they represented only a section, and that the less respectable, of the dental profession of England; that they encumbered the progress of the dental profession by assuming to give diplomas in the presence of a well-constituted governmental body specially appointed by charter for that purpose; and that they dishonoured the name of "College" by profusely decorating with the collegiate title men who have persistently degraded the dental profession by touting advertisements of an objectionable kind. To these charges the Council have delivered a very solemn and deliberate reply; they have made, with great affectation of ingenuous candour, statements in defence which it has been our duty to analyze; and if we show that they are wholly and inconceivably without foundation, this institution will cease to be ranked amongst those which can be tolerated or recognised in an honourable profession.

First, we observed that this institution—self-constituted and self-styled "a College"—had no claim to that title; that its constitution was shifting and susceptible of any abuse, regulated only by its own will, and capable of being perverted, by the unscrupulous, to others' own uses; and that it was without a charter. The Council state: "We are in every particular constituted as many other Colleges—such, for instance, as the College of Preceptors, the Agricultural College, and the College of Civil Engineers." This seems to be a very satisfactory answer; so it would be if there were a grain of truth in it. We are reluctantly compelled, however, to state that the Royal College of Preceptors we find

to have been "incorporated by Royal Charter, March, 1849;" the Royal Agricultural College to have been "incorporated by Charter, granted by her Majesty in Council, March 27th, 1845;" the Institution of Civil Engineers—the College of Civil Engineers has long ceased to exist—to have been incorporated by Royal Charter in 1828. This may be thought to be well-nigh incredible, but such are the facts.

So much for the answer to the first part of the charge. To the second part the Council replied that their rules forbade unprofessional advertising, and that they were careful to exclude dentists who placarded themselves. We have, then, to announce, as the result of an analysis of the recently published list of 135 names, that 30 are associated with touting. We will select some choice specimens:—

One member of the College, of the family of Moseley,—of whom three are members,—elected in 1856, advertises habitually now, as for years: "Teeth by her Majesty's royal letters patent; newly invented and *patented* application of the terreous artificial teeth, without wires or fastenings." In the course of half a column of fustian he speaks of "Decayed and tender teeth permanently restored to use, preventing the necessity of extraction." Looking to the practice of the member whose name stands next in the list of this College, Mr. Neep, we find that in the *Norfolk News*, of January, 1861, he describes himself as a certificated member of the College of Dentists of England, and "respectfully announces that he continues to supply artificial teeth upon the most scientific principles, which are guaranteed to answer every purpose for mastication, beauty, comfort, and durability not to be surpassed," &c. A third member, Mr. Dagnall, recently informed the "Gentry of Hampton," by printed circular, decorated with the Royal arms, that he was a M.C.D.E.; that he possessed a "new and important discovery;" and that "persons were waited on at their residences without extra charge." How much further are we to go? Must we quote the puffs of the gentlemen who announce in the *Weston-super-Mare Gazette* that they "are able to fit plates to the stumps without the amount of irritation usually produced;" and who also "attend persons at their own residences without a fee"? Shall we mention Mr. Wotton, also a M.C.D.E., who startles the public of Cornwall and Devon by proclaiming "Teeth protected by Royal letters patent;" "the teeth with coral India gums by patent machinery;" and whose "patented coral India gums must be seen to be admired," &c.? None of the above members were admitted by *examination*, but on the ground of their claims by standing and respectability.

We repeat, then, that there are thirty names of persons whom we know to be touting dentists in the list of the members. The above are extracts from a few of their advertisements. The Council say that they have "rules" upon the subject on which they act. Then if these do not contradict their rules, they are even less worthy of professional regard than we have ventured to think. If they do, the conduct of the Council in admitting men known to be guilty of such puffs, in spite of their regulations, is treasonable to those who joined them on the faith of their rules, and must deprive them of any claim to confidence. At any rate, the Council stand convicted of boldly denying the patent truths which we asserted, and of deliberately alleging false statements in their defence.

Let us dismiss this part of the question. If the Council had conducted otherwise the affairs of this establishment, it would still have been a mischievous superfluity. The College of Surgeons has provided an organization for examining dentists, in response to the repeated appeals of the most eminent dentists of the country. One hundred and thirty-one of the most distinguished members of the dental profession have passed that examination, and amongst them twelve out of the seventeen dentists to metropolitan hospitals, four having declined to join any organization whatever. There is an excellent hospital and school, numbering most of the distinguished names amongst its professors; and we have necessarily the assurance that whatever is done under the Royal Charter granted to the College of Surgeons will be done in accordance with its provisions, and in conformity with the known rules of professional conduct. With the self-constituted College of Dentists there is no security whatever; at any moment it may start into new abuses, and the more rapidly as the respectable members fall away in disgust. We may observe, *par parenthèse*, that in their last printed list we find recorded the names of eleven gentlemen who have practically seceded by obtaining the dental diploma of the College of Surgeons. The certificate which has been degraded by being habitually paraded in puffs such as we have quoted is not likely to be the object of a legitimate ambition. As this institution fails in respectability it is likely to grow in desperation, and from its extraordinary constitution we have no security that it may not give further encouragement to touting pretenders.

THE PHILOSOPHY OF BONE.

THE physiology of bone, its development and pathological changes, have been recently the subjects of very important researches. The highly interesting experiments of M. Ollier have shown how great is the ossific power of the periosteum, and under what remarkable conditions of severance and transplantation it retains that power. On the other hand, a unique specimen presented to the Pathological Society this year demonstrated that in the case of the lower jaw the growth of the bone depended on the presence of the articular cartilage so far as the perpendicular ramus was concerned, and on the teeth for the horizontal part of the bone. This specimen fully confirmed the views expressed thus far by Kölliker and Tomes. Its minute description and the deductions which may be drawn from it will be looked for with interest in the next volume of the "Pathological Transactions." Dr. Milne Edwards, that able Englishman who has done so much for the scientific glory of his adopted country, France, has recently communicated to the Academy of Sciences of Paris a series of ingeniously devised experiments destined to ascertain the nature of the nutritive materials required for the development of bone. Chopart had already shown that when the quantity of mineral substances naturally retained in food is withheld, the bones become thin and brittle, the general health is impaired, and death soon follows. Dr. Milne Edwards endeavoured to discover whether the osseous tissue is thus destroyed by the blood's reabsorbing the calcareous matter or by other means. He finds that under these circumstances the composition of the osseous tissue remains unchanged, although the whole bone wastes; so that it is not the lime alone but the whole bony substance which undergoes reabsorption. Dr. Milne Edwards also endeavoured to substitute the carbonates of iron, manganese, and magnesia respectively for that of lime in the bones by an artificial diet. This diet having reduced the pigeons subjected to experiment to utter emaciation, they were killed: the bones were extremely brittle and thin, but only traces of magnesia and iron were discovered in two, and none in the third. So that the composition of bone does not appear susceptible of alteration by substitution; and Dr. Milne Edwards concludes that bone is a compound of two primordial substances—namely, phosphate of lime and osseine—the immediate principle of bone. Rather a lame conclusion this, after all!

SELF-COLOURS.

DAVID GRIFFITHS JONES figures in the "London and Provincial Medical Directory for 1860" with the following list of distinctions, which must have greatly aided him in his career. His name is inserted thus:—

"Jones, David Griffiths; 43, Woburn-place, W.C.; and the Crescent, Windsor—M.D. Mar. Coll. Aberd. 1853; M.A. and M.R.C.S. Eng. 1847; Phys. Deaf and Dumb Asyl. Red Lion-

sq.; Prosect. Clamart Dissecting School, Paris; Assist.-Surg.-Acc. Clin. d'Acc. Paris, and Assist.-Surg. Hôtel Dieu, 1848; Fell. Soc. Dupuytren; Hon. Mem. Soc. Med. Paris; late Pres. Eng. Med. Soc. Paris. Author of "Original Views on Inflammation;" "Thesis on Diseases of the Heart;" "Chemistry of the Blood in Cholera;" "On the Absorption of Mercury, Iron, Iodine, and Lead into the Body," &c.; "A Series of Six Lectures on Insanity, with Notes from Dr. Conolly's Lectures, delivered at the Roy. Inst. Gt. Britain."

If the object of the Directory be to give a correct list of medical men and their claims to public confidence founded upon their qualifications, here is an instance in which it was perverted to a precisely opposite end. The circumstance may usefully direct attention to the means of verifying the long and pompous lists of qualifications which are so often appended to the names figuring in this otherwise useful volume. A man cannot always be trusted to furnish a description of himself. A portrait painted by *self* is apt to be flattering in colour and attributes.

MEDICAL NOBLES.

IT is a matter of some interest to determine who was the first physician in this country upon whom hereditary honours were conferred. Dr. Munk, who has recently printed, at the request of the Censors, his learned researches on the Roll of the Royal College of Physicians, vindicates, as we think, successfully, the claim of Sir Edward Greaves to this distincion. Sir Edward Greaves was born at Croydon, and proceeded to the M.D. at Oxford on the 8th July, 1641. He was Linacre Professor there in 1643. On the 4th of April, 1653, he was admitted a member of the London College of Physicians, and a fellow on the 1st October, 1657. He was one of the physicians to King Charles II., and, as Wood says, "at length a pretended baronet." On the faith of this sneer his name was omitted from the printed list of baronets until the fifth edition of Guillim's Heraldry (part ii., chap. xix., p. 99), where he is placed as the 450th baronet from the first institution. A respectable author moreover, Dr. Thomas Smith, gives a distinct account of his promotion to that honour. The original patent of creation is said to be in the family of one Mr. Calfe, of St. Leonard's Forest, in Sussex, who married one of his daughters; and the Norroy King of Arms furnishes certain details which explain why there may have been no enrolment of his patent, which was dated Oxford, 4th May, 1645—this being "the case of several persons of honour passed about that time, the rolls being taken into the possession of the Parliament." It is interesting to observe that the Earl of Dorchester, the only peer of the realm who ever became a Fellow of the College, was admitted in the same year as Sir Edward Greaves.

THE LATE AFFRAY IN NORTHUMBERLAND-STREET: INJURIES RECEIVED BY MAJOR MURRAY AND MR. ROBERTS.

MANY discrepant and, in some important particulars, erroneous reports having been circulated respecting the injuries received by Major Murray and Mr. Roberts, who are patients in the Charing-cross Hospital, and who, it is doubtless known to our readers, were taken to the above institution after the affray between them in Northumberland-street, we are glad to be enabled to furnish the following authentic account of their respective wounds, &c. It will be remembered that they were admitted at twelve o'clock in the day of Friday, the 12th inst., and were then attended to by Mr. Skegg, the house-surgeon. At one o'clock they were seen by Mr. Canton:—

On the *head* of Mr. ROBERTS are thirteen scalp wounds, all of the lacerated description. Three are over the anterior and upper portion of the right half of the frontal bone, and are three quarters of an inch apart. Their lower ends terminate in the corresponding eyebrow. The length of the longest is three inches, and at its centre is a short fissure of the bone beneath. Almost continuous with this wound is another one, which extends horizontally over the parietal and occipital bones; it measures eight inches and a half in length. Almost immediately above and parallel to this is a wound only two inches less in length than the last mentioned one. On the right side of the sagittal suture are two more wounds, half an inch apart, curved in opposite directions, and each about three inches long. On the left side, and a little in front of the lambdoidal suture, are two starred lacerated wounds. Towards the posterior and upper part of the skull are three or four other irregularly stellate lacerations of the scalp, but less in size than all the others.

Face.—Eyelids completely swollen, closed, and blackened from blood effused into their substance. A lacerated wound, two inches and a half in length, extends obliquely from just above the left ear, in a direction towards the nose. The soft parts are here all torn through, down to the temporal bone, which is fractured in its squamous portion; but there is no depression. The malar bone is also broken. The temporal artery was divided, and Mr. Canton secured the ends by ligature. The whole face ecchymosed, but more especially on the left side.

Trunk.—The parts covering the left scapula are much swollen and deeply discoloured.

Limbs.—Right hand greatly tumefied. A deep lacerated wound in the cleft between the thumb and index-finger, the first phalanx of which is fractured. The right forearm much bruised. The left hand considerably swollen and ecchymosed, and the whole of the inner side of the arm in the same condition.

MAJOR MURRAY.—A longitudinal lacerated wound just in front of the right ear, but only skin deep. About an inch below the right mastoid process, and close behind the sterno-mastoid muscle of this side, is a circular mark on the skin, in the middle of which is a jagged opening which will barely admit the tip of the little finger; the edges are slightly inverted. The skin around is scorched, and the adjacent hair of the head and whisker singed; there is likewise staining by gunpowder. It was ascertained by Mr. Canton that the jagged aperture led to a long track which extended directly down to the spine. The bullet-probe detected a hard and movable substance resting upon this part; a distinct metallic sound was heard on striking it. In using the bullet-forceps great difficulty was experienced on attempting the separation of the blades so as to grasp the ball, in consequence of the length and contracted state of the track. Eventually, however, MR. Canton succeeded in extracting the bullet, which was of large size, and had ridges in two places corresponding to the intervals of the blades of the mould in which it had been cast. There was also a deep groove in it, from indentation against the spine. The only other injuries received by Major Murray are contusions of the legs.

Since the above was in type, Mr. Roberts has died. Death took place on Thursday at about six o'clock P.M.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, SATURDAY, JULY 6TH.

THE Council met as a General Committee on Education at twelve o'clock. Their proceedings came subsequently before the Council.

Moved by Dr. Andrew Wood, seconded by Mr. Arnott, and agreed to,—"That a Sub-Committee, consisting of Dr. Stokes (Chairman), Mr. Teale, Dr. Embleton, and Dr. Andrew Wood, be appointed, for the purpose of bringing up the Report on Education, as finally amended during this session."

Mr. GREEN, President, took the chair at two o'clock P.M.

Present—Mr. Arnott, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alexander Wood, Dr. Andrew Wood, Mr. Watt, Mr. Syme, Dr. A. Thomson, Dr. A. Smith,

Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Mr. Lawrence, Mr. Teale, and Dr. Stokes.

Dr. Francis Hawkins, *Registrar.*

The minutes of the last meeting were read and confirmed.

1. Moved by Dr. Alex. Wood, seconded by Mr. Hargrave, and agreed to,—"That the case of David Griffiths Jones, the plaintiff in the suit of Jones *v.* the Queen's Proctor, to which the attention of the solicitors of the Council was called by the vote of yesterday, be referred to the English Branch Council, to be investigated by them according to the form of proceeding adopted by the General Council."

Read, a letter from the Secretary of the National Medical Registration Association, relative to the case of David Griffiths Jones.

2. Moved by Dr. Alex. Wood, seconded by Dr. Storrar, and agreed to,—"That the Registrar be instructed to inform the Secretary of the National Medical Registration Association that the Council have already taken up the case."

The Report of the Medical Acts Amendment Committee was considered.

3. Moved by Dr. Stokes, seconded by Dr. Apjohn, and agreed to,—"That the Report of the Medical Acts Amendment Committee be received."

4. Moved by Dr. Corrigan, and seconded by Dr. Storrar,—"That the Report of the Medical Acts Amendment Committee be referred to the Executive Committee, with instructions to correspond with the various Branch Councils, and endeavour, before next meeting of Council, to settle those principles on which alterations of the Medical Act should be framed."

Amendment moved by Dr. Andrew Wood, and seconded by Mr. Hargrave,—"That the Report of the Medical Acts Amendment Committee be referred to the Executive Committee, with instructions to consult Parliamentary solicitors, with the view of preparing a draft Bill, to be subsequently sent to the Branch Councils for their consideration."

Amendment negatived. Original motion negatived.

The Report of the Committee on the Publication of the Register was considered.

5. Moved by Dr. Alexander Wood, seconded by Dr. Storrar, and agreed to,—"That the Report of the Committee on the Publication of the Register be referred to the Executive Committee, with power to take any steps that may appear to them expedient to reduce the expense of publication."

6. Moved by Dr. Andrew Wood, seconded by Dr. Burrows, and agreed to,—"That Dr. Sharpey be appointed Treasurer to the General Council in room of Mr. Green, resigned."

7. Moved by Dr. Andrew Wood, seconded by Mr. Hargrave, and agreed to,—"That the Executive Committee consist of the President, Dr. Burrows, Dr. Sharpey, Dr. Acland, and Mr. Arnott.

The Report of the Standing Orders Committee was considered.

8. Moved by Mr. Teale, seconded by Mr. Lawrence, and agreed to,—"That the Report of the Committee for Revising the Standing Orders be adopted, and that it be printed in a separate form, and that two copies thereof be sent to each member of Council."

Dr. Stokes, on the part of the Sub-Committee, brought up the Report of the General Committee on Education.

REPORT OF THE GENERAL COMMITTEE ON EDUCATION.

The Committee on Education, composed of the whole Council, have agreed to the following resolutions, which they now lay before the Council, as recommendations to the licensing bodies, in Schedule A of the Medical Act, to be printed in the minutes, and also in a separate form.

RECOMMENDATIONS OF THE GENERAL MEDICAL COUNCIL IN REFERENCE TO GENERAL AND PROFESSIONAL EDUCATION.

I.—*General Education and Examination.*

The Medical Council are of opinion that it is desirable—

1. That all students pass an examination in general education before they commence their professional studies.

2. That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school, and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study.

3. That, as far as may be practicable, testimonials of proficiency granted by the national educational bodies, according to the following list, be accepted, with such modifications as the Medical Council may from time to time think proper to make:—A degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council. Oxford Responsions or Moderations. Cambridge Previous Examinations. Matriculation Examination of the University of London. Oxford Middle-class Examinations, senior and junior. Cambridge Middle-class Examinations, senior and junior. Durham Middle-class Examinations, senior and junior. Durham Examinations for Students in Arts in their second and first years. Durham Registration Examination for Medical Students. Dublin University Entrance Examination. Queen's University, Ireland: Two years' Arts course for the diploma of Licentiate in Arts; Preliminary Examinations at the end of A.B course; Middle-class Examinations; Matriculation Examinations. First-class Certificate of the College of Preceptors.

4. That the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council.

5. That no certificate of proficiency in general education which does not affirm the proficiency of the candidate in Latin be deemed a sufficient proof of preliminary education previous to the commencement of professional studies.

6. That students who cannot produce any of the testimonials referred to in the third resolution, be required to pass an examination in Arts, established by any of the bodies named in Schedule A of the Medical Act, and approved by the General Council, provided that such examination be in every case conducted by a special board of examiners in Arts.

7. That without professing to lay down any complete scheme of general education for persons intending to become members of the medical profession, the Committee recommend that the scheme of examination in Arts of the licensing bodies be, as nearly as practicable, similar to that of any one of the national educational bodies above specified.

8. That after October 1st, 1861, all medical students be required to be registered.

9. That the lists of students registered be closed within fifteen days after the commencement of each session or term.

10. That no student beginning professional study after September, 1861, be registered, who has not passed an Arts examination in conformity with resolutions 3 or 6.

11. That the several bodies in Schedule A of the Medical Act, either jointly or severally, open a register for students commencing their studies in Medicine, in the form annexed.

Schedule.—Register of Medical Students.

No.	Name.	Date of Birth.	Place of Birth.	Present Residence.	Date of Registration.	Place of Study.	Registering Body.	What Examination in Arts, and its Date.
1	A. B. ...	—	—	London.....	—	University College, London.	University of London.	Matriculation Examination of University of London; May, 1861.
2	C. D. ...	—	—	Birmingham	—	Birmingham General Hospital.	Royal College of Surgeons of England.	Oxford Middle-Class Examination; August, 1861.

12. That after January, 1863, all Junior Middle-class Examinations be excluded from the list.

13. That the said Register be opened on the first day of each session or term, and remain open for fifteen days; and that

within seven days after its close, the officer in charge transmit a duly authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the body or bodies belong.

14. That the Registrar of the Branch Council lay the copy of the said Register before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it be thereafter transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

15. That the licensing bodies shall have power to admit exceptions as to the time of registration, if satisfactory to them, and transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions shall have been granted, with the grounds stated.

16. That the various educational and licensing bodies be requested to transmit to the Registrar of the General Council, returns, embodying any alterations which they may from time to time introduce into their courses of general study and examinations, which qualify for the registration of medical students; and that a copy of such returns be sent by the Registrar, as soon as convenient, to each member of the General Council.

II.—*Professional Education.*

17. That the age of twenty-one be the earliest age at which any professional licence shall be obtained.

18. That four years of professional study be required, after the examination in general education.

III.—*Professional Examinations.*

19. That the professional examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of study, and the final examination not until after the termination of four years of study.

20. That the first professional examination be conducted partly in writing and partly *vivâ voce;* and that such parts as admit of it be made as practical and demonstrative as possible.

21. That the second examination be conducted partly in writing, partly *vivâ voce*, and practically, so far as may be convenient and attainable.

22. That the professional examinations be held by the several licensing bodies (except in special cases) at stated periods, to be publicly notified.

23. That returns from the licensing bodies under Schedule A be made annually, on the 1st of January, to the General Medical Council, stating the number and names of the candidates who have passed their respective final examinations, and the number of those who have been rejected.

24. That it be recommended to all the examining boards that they should require from every candidate for examination before them a statement, signed by himself, whether he has or has not been rejected within three months by any of the examining boards included in Schedule A of the Medical Act.

25. That it is not desirable that any University of the United Kingdom should confer any degree in Medicine or Surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in Arts, or passed all the examinations required for the Bachelorship in Arts, or the examinations equivalent to those required for a degree in Arts.

9. Moved by Dr. Stokes, seconded by Dr. Embleton, and agreed to,—"That the Report of the General Committee on Education be adopted."

10. Moved by Dr. Stokes, seconded by Mr. Teale, and agreed to,—"That copies of the Report on Education be transmitted by the Registrar to the various bodies mentioned in Schedule A, and also to the Commissioners of the Scottish Universities, and to each of the Scottish University Courts."

11. Moved by Dr. Andrew Wood, seconded by Mr. Lawrence, and agreed to,—"That the best thanks of this Council are eminently due, and are hereby offered, to the Royal College of Physicians of London, for their obliging and courteous accommodation during the present session of the Medical Council."

12. Moved by Dr. Andrew Wood, seconded by Mr. Lawrence, and agreed to,—"That a gratuity of ten guineas be given to the servants of the Royal College of Physicians of London."

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF ADJOURNED MEETING,
SATURDAY, JULY 6TH, 1861.

Mr. GREEN, President, took the chair at five o'clock P.M.

Present—Mr. Arnott, Dr. Embleton, Dr. Storrar, Dr. Andrew Wood, Mr. Watt, Dr. A. Smith, Dr. Sharpey, Mr. Teale.

The minutes of the last meeting were read and confirmed.

Correspondence.

"Audi alteram partem."

THE LATE ELECTION AT THE ROYAL COLLEGE OF SURGEONS.

(LETTER FROM PROFESSOR FERGUSSON.)

To the Editor of THE LANCET.

SIR,—Three years ago a clamour was raised against me for alleged communion with homœopaths. In consequence of an urgent and courteous appeal on your part, I sent a note of explanation, which you did me the favour to publish in your number for May 8th, 1858. That explanation was accepted by some, but not by others, although, as far as I know, my name has not since been publicly associated with the subject until within the last few weeks.

Recent events at the College of Surgeons have given occasion to a revival of the clamour referred to, and my orthodoxy has been again challenged. I might refer to the note above alluded to, as my answer now, as it was then; but years make a difference in various ways, and I shall, with your leave, say a little more than when I last addressed you.

The fault of which I was accused three years ago, was that I had travelled in company with a homœopath to relieve a gentleman of retention of urine, when the regular surgeon in attendance had failed; and I was further accused of holding consultations with homœopaths. The former charge I admitted, and the latter I distinctly denied. In addition, I stated that "I had no faith in homœopathy," and that "I gave no encouragement to homœopaths to consult me." I added further that I never refused my surgical services in any important case where they might be required, and would hold my conduct unjustifiable if any evil or fatal result ensued from negligence or refusal on my part.

To all these views I hold as strongly now as I did at the time in question. I still do not consult with homœopaths; I still have no faith in homœopathy, and I still give no encouragement to homœopaths to consult me.

I never intended, and do not wish now, to have or leave room for any quibble on these points. I have been told that to meet a homœopath in any way in a case is to consult with him, and that, therefore, my denial is worthless; that such meeting amounts to a consultation. With those who take this view I at once plead guilty. I am occasionally consulted by homœopaths (as I know other surgeons are), and, hearing their history of a case in clearer terms than from the patient or a friend, I give my surgical opinion; with this the interview ends. From first to last there is not a word about homœopathy introduced; but should there be, I invariably let the patient know that I have no faith in such doctrine, and that I am giving my opinion solely as a surgeon.

I am not aware that I have met with any man who has stronger views, prepossessions, or objections against homœopathy than I have. No homœopath can say that I ever conceded to him one tittle on homœopathic principles; and as a public teacher of thirty-five years' standing, I appeal to my numerous pupils with the utmost confidence that they will free me from the imputation of having ever encouraged such doctrines.

I have the honour to be, Sir, your most obedient servant,
WILLIAM FERGUSSON, F.R.C.S.

George-street, Hanover-square, July, 1861.

HEALTH OF CHILDREN.—THE WHITECHAPEL INDUSTRIAL SCHOOLS.

To the Editor of THE LANCET.

SIR,—Two letters having lately appeared in your journal with reference to the health of the North Surrey and Central London District Schools, and my attention having been drawn to them, I find on perusal that the communication from the Central London District Schools, forwarded by Dr. Goodchild, appears to cast some reflections, whether intentional or not, on the schools from which the St. Pancras children have been re-

moved, and to exalt the Central London District (or Hanwell) Schools by comparing its mortality with that of the schools from which the St. Pancras children have been removed. The following extract is the phrase I allude to:—"But as large numbers of the St. Pancras children are being taken from the other schools and placed in those of Hanwell, it *may* be that whilst the mortality tables there (i. e., at Hanwell) continue unchanged, those of other schools whence they are taken *may* present even a more favourable aspect than they have hitherto done." As large numbers of the St. Pancras children have been at the Forest-gate Schools as well as at the North Surrey Schools, and as a letter in vindication of these schools from Dr. Wilkinson has been kindly inserted in THE LANCET, I trust you will allow me, as medical officer of the Forest-gate Schools, space for the same object.

Ex-parte statements, as a rule, are always dangerous, and this case is no exception. Had Dr. Goodchild taken the trouble to make proper investigation, he would have found the mortality of the Forest-gate Schools, from which some of the St. Pancras children have been removed, was not likely to be much affected by their absence, as during the whole time of their residence in these schools not one death occurred amongst them, although the average number of them in the schools, extending over a period of four years, has been 180, and although large numbers of them came in ill and suffering from diseases which the authorities at Hanwell hesitated to receive. When they were finally removed to Hanwell, after careful inspection by the St. Pancras surgeon, only six of them were suffering from ailments of any kind, and these of a most trivial description; so that, judging from precedence and comparison, no great credit will be due to the Hanwell Schools if their mortality does not increase by the admittance of the St. Pancras children. It might be asked, for what cause the guardians of St. Pancras moved their children. I reply, it is best known to themselves; certainly not from the increase of illness among them since their admittance to the Forest-gate Schools, or from the mortality. The solution of the question may be, that the St. Pancras guardians never were remarkable for unanimity of feeling among themselves; it could not be expected, therefore, that they would long agree with the gentlemen of other boards.

The mortality of the Forest gate Schools has been—calculated upon 600, as the average number in the institution, and *not upon the average number admitted*—during the last two years, one-third per cent.

Dr. Goodchild seems to think the sanitary condition of the localities from which the North Surrey Schools derive their children very far superior to those from which the Hanwell Schools are obtained. Perhaps, when he is informed that the Whitechapel Institution derive theirs from "Spitalfields," "Whitechapel," "Mile-end," "St. Katherine's-docks," "Poplar," and "St. Pancras," together with other neighbourhoods equally salubrious, he will not think that the neighbourhoods from which the Forest-gate Schools receive their quota superior to those from which Hanwell has been supplied; perhaps rather the other way, and that Forest-gate is more entitled to conceive it has been the depôt for the reception of the *fæx populi*. If this be the case, considering the mortality of the Forest-gate Schools has only been one-third per cent., whilst that of Hanwell has been two per cent., it does not seem to be much for the latter schools to boast of. Mr. Tuffnel, one of the inspectors of schools, says, he has known the mortality in certain country workhouses, with much finer children, to be twelve per cent., and that Hanwell Schools might reasonably have been expected to be twelve per cent. instead of two. Taking into consideration that the country workhouses referred to, and with much finer children, had twelve per cent. of deaths, perhaps it would not have been unreasonable, according to that gentleman's calculation, if the two latter figures had been transposed, and thus have made Hanwell twenty-one per cent. I think it ought, for the sake of humanity, to be made known where these country workhouses are in which much finer children are admitted than those of Hanwell, and yet have a mortality of twelve per cent. It is something fearful for the father of a family, obliged to seek refuge in a workhouse, with say eight children, to reflect that in all probability he will lose one before the twelve months' admission has expired, and that if they are so unfortunate as to remain in eight years, the grave will have claimed them all.

As to the puffing style of the remarks made with reference to Mr. Aubin's empirical skill in treating "itch," "ringworm," and "porrigo," this seems very worthy of the proprietor of some favourite nostrum, appearing quite as mystical, and creating, I imagine, in the mind of a well-educated practitioner just as much confidence. Mr. Aubin's vaunted secret undoubtedly was a systematic adoption of that vigilance which, I believe, the superior class of masters of workhouses now chosen usually adopt, and which during some years' experience I have never found any difficulty in instilling into the minds of nurses who are properly paid and properly cared for, which would not appear to be the case at Hanwell if they are capable of being influenced by a bribe. By the way, it is to be regretted that, with all Mr. Aubin's reputed skill in treating ailments, he should have apparently neglected the moral training of the nurses; but then it is scarcely fair to reflect on these menials as a body, as well as upon the guardians or other persons who should so far degrade themselves as to offer a bribe to the Hanwell nurses that they might possess themselves of Mr. Aubin's wonderful secret. I think, in all fairness, the guardians, as well as the nurses, have a right to demand what nurses were bribed from Hanwell, and who bribed them.

I must apologize for the length of my letter, and hoping that, as Dr. Goodchild seems to think the Hanwell Schools a perfect paragon, he will not forget his promise "some day to forward many interesting particulars connected with the management," &c., I will merely add that in the meantime I believe, if the Forest-gate Schools are impartially examined, they will be found in every respect at least equal in their management &c. to Hanwell.

I remain, Sir, yours faithfully,

A. J. H. BANKS, M.R.C.S.,

June, 1861. Surgeon to the Forest-gate Industrial School.

INCOMPLETE DESCENT OF THE TESTICLES.

To the Editor of THE LANCET.

SIR,—Perhaps the following case may not be uninteresting to the profession, as being somewhat analogous to the peculiar complication of hernia related by Dr. Wilson in THE LANCET of June 15th.

C. G——, aged eleven years, was brought to me by his mother, who stated that he had a rupture. On examination, I found that there was total absence of the testicles from the scrotum, the left being situated immediately external to the external inguinal ring, and could be pushed either upwards into the inguinal canal, or downwards into the scrotum; whilst the right remained in the inguinal canal, with a hernial protrusion behind it.

I am, Sir, yours obediently,

Southall, Middlesex, July, 1861. HENRY HUME, M.R.C.S.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

I MENTIONED in a former communication that M. Alphonse Guérin had commenced a series of clinical conferences at the Female Venereal Hospital, the Lourcine, on the particular class of maladies to the treatment of which that establishment is devoted. Having heard much of the fame of this lecturer, I was anxious, for the benefit of your readers, personally to estimate his merits as a clinical teacher, and therefore this morning made a pilgrimage to the shrine, not "*di Loreto*," but "*des Lorettes*," arriving just in time to hear an eloquent and most edifying discourse. To invest a subject already so trite and hackneyed as blennorrhagia with anything like novelty and interest seemed no easy task. M. Guérin nevertheless achieved a triumph, and by his lucid expositions, suggestive originality of thought, and sound practical deductions, gratified whilst he enlightened his audience.

(Here let me notice, parenthetically, two recent innovations at the Lourcine, both of which, though no doubt prompted by some vague notions of delicacy on the part of the administration, seem to me, I confess, in a medical establishment, utterly absurd: the one being the limitation of the audience at clinical lectures to the number of twenty-five; the other, the concealment of the face and shoulders of the patient under examination by means of a curtain, the lower half of the body only being visible. The consequence of the latter measure is, of course, an irresistible temptation on the part of the student to peep behind the scenes; whilst the effect of the former regulation is to exclude many zealous workers from the enjoyment of most valuable instruction, not obtainable elsewhere. Such measures are about on a par with the views lately propounded

in the House by a certain noble lord on the subject of undraped models, and at the Lourcine, of all places, do certainly seem uncalled for.)

The special subject of the day's lecture was Urethritis as it occurs in the woman, and M. Guérin commenced by a minute description of the anatomy, regional and structural, of the parts concerned. "Simple inflammation," said the lecturer, "may occur in the female, as it does in the male, from the introduction of foreign bodies into the canal. The contact of the sound or the catheter is, in both alike, capable of producing mucous hypersecretion or even suppuration; but urethritis from this class of causes in the female subject is very seldom noticed. Certain male subjects are met with who, for the gratification of a depraved propensity, habitually introduce such foreign substances into the urinary passage, and so provoke inflammation and discharge; when the same propensity, however, exists in the woman, the vagina, and not the urethra, is invariably made use of as the receptacle for the foreign body or bodies employed. By far the greater proportion of cases of urethral blennorrhagia in the female arise from gonorrhœal contagion." Differing from the majority of authors (MM. Cullerier and Robert, for example) who have treated this question, M. Guérin believes the existence of urethritis in the female to be a common accompaniment of vaginal gonorrhœa. The readiness with which fluids once poured out or secreted in the vagina can penetrate the orifice of the meatus urinarius is easily seen in fluor albus, and the process and spread of contagion when the discharge is copious is usually very rapid.

M. Guérin is of opinion that the symptoms very generally attributed to urethritis in the female—namely, those of itching, pricking, or burning, are hardly ever, if at all, present, being deductions by analogy and inference, and not drawn from clinical observation. In the male the canal is long, sensitive, and complicated in its relations; in the female, on the contrary, it is short and simple. "To the difficulty of diagnosing this malady may be attributed the common belief in its rare occurrence. Occasionally, it is true, the orifice of the meatus is inflamed, swollen, dotted with red points or pimples corresponding to the openings of the lacunæ, and in such cases recognition of urethritis is easy; but when the disease is internal, and when no pus or muco-purulent discharge appears externally, detection becomes more difficult, and the complication may be overlooked. When any doubt exists, the patient should be prevented from emptying the bladder for several hours; the finger should then be introduced into the vagina, and drawn along the anterior walls so as to press out any purulent deposit collected within the canal—an infallible method for the recognition of the malady if it exist." This latter proceeding should invariably be adopted by the surgeon before he ventures, in a case of gonorrhœa, after the vaginal discharge has disappeared, to give a clean bill of health to a prostitute. The neglect of such a precaution has on several occasions, within M. Guérin's own experience, led to a fresh propagation of disease; and in those cities where the prostitutes are regularly examined, this method of examination should be comprehended in the regular routine investigation. "Discharge from the urethra may occur in consequence of the penetration of the leucorrhœal discharge into the meatus; but this is seldom likely to prove a cause of error, as a simple cleansing of the parts suffices to remove the mucus, which is not reproduced, as in urethritis, at the end of an hour or two, leucorrhœa never affecting the mucous membrane of the meatus; or the purulent liquid may be furnished by a chancre within the canal, and if any induration be felt with the finger, the inoculation test should be resorted to, which will dispel the doubt; or lastly, the existence of cancer of the uterus, implicating likewise the anterior wall of the vagina, may occasion a pouring out of pus from the mucous lining of the meatus; but here again the nature of the discharge and a deeper exploration towards the uterus will set the matter at rest, and decide the question of diagnosis. The pain, burning, itching, or pricking, stated by most authors as characteristic of urethritis, occurs very frequently in women on the subsidence of the monthly period." This affection, which M. Guérin is disposed to term urethral neuralgia, is unaccompanied either by redness of the mucous surface or by any hypersecretion. "Unlike 'ocular neuralgia,' in which there is profuse discharge of tears, the similar affection of the meatus urinarius in the female is characterized by no discharge whatever, a varying degree of hyperæsthesia being the only accompanying symptom. Like sensations may be caused by polypus of the urethra or by fissure of the anus, and in cases of the latter, so completely sometimes does the sympathetic pain centre in the meatus, that the surgeon is liable to be put off his guard, and to overlook the real seat of the disorder." In summing up, by way of conclusion, his experience relative to urethritis, M. Guérin stated, as a general rule, that when this condition is found to exist in connexion with vaginitis, the case may be safely diagnosed as one of a contagious nature. The whole series of lectures are, I understand, to be published *in extenso* at the end of the course, and will, I feel sure, form a very interesting volume, embodying not only the author's own views and observations, but also a *résumé* of all that has hitherto appeared on the subject.

The effects of santonine in causing *green* vision have been known for some time, and an oculist of Nantes, M. Guépin, has experimented largely with this drug, hoping to obtain some beneficial therapeutical results from this peculiar property in certain affections of the retina. A case presented by M. Cavasse to the Medical Society of the Seine last week further illustrates some of the properties of this drug. A very nervous woman, believing that she suffered from worms, purchased from a druggist a drachm of worm-seed, semen-contra, in order to rid her bowels of their turbulent inmates. Shortly afterwards colic came on, and chancing to look in the glass she distinctly saw herself pea-green. The fright sufficed to throw her into violent convulsions, and her friends, who believed poison to have been swallowed, rushed in a body to accuse the unlucky chemist of manslaughter. Luckily M. Cavasse, well aware of the properties of santonine, and of its presence in semen-contra, was called in, and able to reassure the terrified family as to the innocuity of the medicine to which so much mischief had been attributed. In due time the toxical effects subsided, the green vision disappeared, and the poor patient, comforted by a second look at the mirror, and by the reappearance of her accustomed tint of complexion, recovered from her panic, morally persuaded, however, that she had narrowly escaped death by poisoning. Similar results have been observed in the tropics as consequent upon bites by serpents, really innocuous, but supposed by the sufferers to be venomous. Such a case, indeed, is the "Cynophobia," commented on in your issue of the 6th inst.

The local Societies now established all over France for the suppression of illegal practice (the *real* Humane Societies of this age) are most active, and hardly a day passes without the occurrence of some conviction and condemnation to fine or imprisonment, and sometimes both, of the carrion which these excellent institutions make it their duty to gibbet. Whatever may be the defects of the legal code in other points, there is none in this. The authorities defend the health of the French subject as jealously as his property. Possibly in a country where the laws of conscription prevail, and where to a certain extent each man's life is for a time state property, motives of policy, as well as honesty, may weigh in the scale. Whatever the motive, the result is most beneficial, and worthy of imitation elsewhere.

Paris, July 9th, 1861.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 11th inst:—

Garnham, Devereux John, Lowestoft.
Langworthy, William F., Modbury, Devon.
Tanner, Richard Canning, Painswick, Gloucester.
Winstanley, Clement, Exeter, Devon.

The following gentlemen also on the same day passed their first examination:—

Daniel, Woodruffe, St. Bartholomew's Hospital.
Dunderdale, William, St. Bartholomew's Hospital.
Gardner, Edward Barton, St. Thomas's Hospital.
Hubert, Theodore Kelsall, Halsey-street, Chelsea.
Robinson, Hugh, King's College.
Rowe, Thomas Henry, King-street, Regent-street.
Rutherford, Samuel, Middlesex Hospital.
Saul, William, Banbury.

At a Court of Examiners held on the 27th ult., the following gentlemen, having passed the necessary examinations in the science and practice of medicine, were admitted Licentiates:—

Best, Palemon, St. Ives, Cornwall.
Bogg, Thomas Wemyss, Louth, Lincolnshire.
Cape, Joseph Thomas, Cheltenham.
Clarke, Arthur, Cold Norton Hall, Maldon, Essex.
Cooke, John, Newent, Gloucestershire.
Dodsworth, Benjamin, Gresford.
Hutchings, Henry Ebenezer, Dorchester.
Kernot, George Charles, Chrisp-street, Poplar.
Smith, Charles John, Newington, Surrey.
Whitmarsh, William Michael, Chippenham, Wilts.

The following gentlemen also on the same day passed their first examination :—

Eagles, Woodfield, Aylesbury.
Hedges, John Alexander, Bedford.
Hicks, Henry, St. David's, Pembrokeshire.
Lee, William Edward, Bideford, Devonshire.
Spanton, William Dunnett, Loughborough.
Welby, William Montague Hall, Newark, Nottinghamshire.

CLASSICS AND MATHEMATICS.—The following is a list of the gentlemen who passed their preliminary examination in Classics and Mathematics on the 16th and 17th inst. :—

Barraclough, R. W. S., Streatham-hill.
Barratt, Howard, Richmond.
Bath, Henry, Glastonbury.
Blick, T. E., Northampton Infirmary.
Birmingham, Geo. R., Morton-villas, Kentish-town.
Burnley, Isaac, Leeds.
Chinery, E. F., Lymington, Hants.
Clements, Geo., Brixham, Devon.
Colborne, A. C., Tatchbrook-street.
Cooke, Alfred S., Gloucester.
Coombe, Fred. Sydney, London.
Creswell, J. C., Bromsgrove, Worcester.
Croft, J. H., Bury St. Edmunds.
Curnow, John, Penzance, Cornwall.
Davis, J. C., Merton, Surrey.
Davies, S. H. W., Chalford, Gloucestershire.
Davies, Herbert, Llanybyther.
Deanlove, Wm. Le Gros, Allington.
Dyer, Wm. Thiselton, London.
Ellis, Wm. H., Cambridge.
Evans, Ernest R., Hereford.
Gordison, C., South Okendon, Essex.
Hodges, F. H., Stapleton, near Bristol.
Howard, Fred. R., Hallsworth.
Hughes, David, Greek-street, Soho.
Humphreys, Horace T., Birmingham.
Iliffe, Wm., Nuneaton, Warwick.
Jackson, Fred. W., York-gate House.
Jenkins, Evan, Llandyssal.
Jones, John Day, Castle House, Torrington, Devon.
Karkeek, Paul, Truro, Cornwall.
Leah, Thomas, Penzance, Cornwall.
Lewis, Chas., Woodland's-terrace.
Lucas, R. H., Burwell, Cambridgesh.
Lucas, George, Burwell.
Mackenzie, S., Woodford, Essex.
M'Kellar, A., Bearfield, Bradford.
Maulsey, G. W., Atherstone, Warwick.
Morgan, Rich., Abererchie, Aberdare.
Morison, J. W., Portclue, Pembroke.
Norris, H. F., Charmouth, Devon.
Parkes, H. M'Kenzie, Guy's Hospital.
Plowman, Richard, Bridgwater.
Priest, Fred., North Walsham.
Proctor, Charles Edward, Ely.
Price, R. M., Carrson, Montgomery.
Quick, John, Penzance, Cornwall.
Sanders, George Cooper, Moulton, Northampton.
Sansome, Thomas, Birmingham.
Shelton, H. D., Bromyard, Hereford.
Silvester, Robt. Ratcliff, Brighton.
Simpson, S. H., Stowmarket.
Stothart, James, Hull.
Sutcliff, Edward, Camberwell.
Tattersall, Wm. Jas., Blackpool, Lancashire.
Taylor, Isaac, York.
Tindale, W. E., Bedale, Yorkshire.
Trimmell, E. A., Isle of Man.
Turner, Frederick, Sheffield.
Upton, Herbert C., Steyning.
Wade, Charles, Cross, Somerset.
Webster, Thomas James, Conway.
White, John C., Princes-street.
Williams, Robt. H., Llanrwst.

SIR B. BRODIE has resigned the Presidency of the Royal Society.

THE LATE M. FORGET, OF STRASBURG.—A bust of this eminent physician is to be placed, by subscription, in the hall of the Medical Faculty of Strasburg.

COLLEGE OF PHYSICIANS.—On Wednesday evening a *soirée* was held at the College. It was very numerously attended. The company were received by the President, Dr. Mayo, Dr. Hawkins, and Dr. Munk, Librarian. Several objects of interest were exhibited, including the photographs of the eclipse of the sun taken by Mr. de la Rue in Spain, the gorilla, &c. The company separated at a late hour.

LONDON HOSPITAL.—Mr. Luke, the Senior Surgeon, has resigned the office he has held for many years with much distinction. Mr. Critchett will, in the ordinary course, succeed to the full Surgeoncy. Mr. Couper, Demonstrator of Anatomy to the Hospital College, is a candidate for the vacant Assistant-Surgeoncy.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. West has resigned his appointment as Lecturer and Physician. In consequence of Mr. Stanley's resignation, Mr. Paget will become Full Surgeon, and Mr. Holmes Coote Senior Assistant-Surgeon. Mr. Callender will be elected Junior Assistant without opposition. For the future there will be no Evening Lectures at this institution.

UNIVERSITY COLLEGE, LONDON.—At Sessions of Council on the 6th and 13th inst., Shares in the College, with the title of Fellow, were conferred on the following former students, who had taken degrees with honours at the University of London :—Frederick James Browne, M.D.; Henry Thompson, M.B.; and Joseph Lister, M.B., Fellows in Medicine. Mr. John Framlyn Streatfeild was appointed Assistant-Surgeon to the Eye Infirmary.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.—For the third time Mrs. Elizabeth Jenner, the widow of the late William Henry Jenner, the grandnephew of the illustrious discoverer of vaccination, is a candidate for admission into the College. On her own merits this lady may fairly claim the votes of the subscribers. But surely every practitioner of medicine must feel it a point of national honour not to suffer anyone bearing the name of Jenner to linger out an old age of destitution, when there exists a graceful opportunity of providing her an honourable retreat in the Medical Benevolent College.

DEATH OF LADY BRODIE.—Many of our readers will hear with regret of the death of Lady Brodie, which event took place at Sir Benjamin Brodie's seat at Betchworth on Tuesday morning. The deceased was the daughter of the late Mr. Serjeant Sellon, and was long well known and much respected for her consistent piety and active benevolence. Her loss will be deeply felt in the neighbourhood of Betchworth, where her charities were on a very extensive scale.—*Record.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—At the special meeting to held on the 23rd instant the Council will submit the following proposition to the consideration of the Society :—"That the Council from time to time appoint committees from amongst the fellows of the Society for the purpose of investigating questions of scientific medical interest; that such investigations be carried on at the expense of the Society; and that the reports of such committees be published in the Proceedings or Transactions, as the Council may think fit."

SOCIETY OF ARTS.—This Society, at its 107th anniversary meeting, awarded its silver medal to the following gentlemen :—Dr. Edward Smith, for two papers "On Alcohol and Tea;" Mr. A. K. Jobertes, for a paper "On the Hudson Bay Territories;" Mr. Alex. Redgrave, for a paper "On Textile Manufactures;" Dr. Milligan, for a paper "On Tasmania;" Mr. Chas. Ledger, for the Introduction of the Alpaca into Australia; and Mr. F. Joubert, for a New Process in Photography.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following gentlemen passed the Major Examination on the 16th inst. as Pharmaceutical Chemists :—Henry R. Browne, Deptford; Arthur P. Garland, Hereford; Thos. J. Hasselby, Goole; Thomas H. Holloway, Sydenham; Roger Hughes, Chester; Walter W. Jones, Brecon; Henry Morris, Liverpool; George E. Olliver, Weymouth; Henry Saxby, Lewes; Arthur L. Simpson, Stowmarket.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—At a meeting of this College, held on the 15th inst., we understand that resolutions were passed to the following effect :—Those who have passed the preliminary examination for the medical degree of the universities are exempt from further examination in general education. The first professional examination not to take place before the end of the second winter session, and not to embrace botany. Those commencing professional study (by which is understood commencing attendance at a medical school) after Oct. 1st, 1861, must—in accordance with a resolution of the Medical Council, applicable to all the Royal Colleges, Universities, and Licensing Boards—pass the examination in general education before being registered as medical students, the register to close fifteen days after the commencement of each session. They must also be engaged in professional study during four years, of which at least three years must be passed at a medical school. Those who have already commenced are entitled to be admitted to examination after four winter sessions', or three winter and two summer sessions', attendance at a medical school. Registered medical practitioners, whose degree or licence in medicine dates prior to Oct. 1st, 1861, are exempt from the first professional examination. None but those holding a diploma from the Royal Colleges of Surgeons of Edinburgh, London, or Dublin, or from the Glasgow Faculty, are eligible for the fellowship of the College.

THE AMERICAN WAR.—The correspondent of the *Times* at Cairo, Illinois, states that the medical department is better in the Northern than in the Southern armies, but even in the former there is not an ambulance, a cacasol, nor a mule-litter.

M. TROUSSEAU'S FEE.—This physician was lately summoned to Naples, and agreed to go and see the patient for a fee of £1600. When M. Trousseau reached Naples the patient was dead. The money was paid.

CHROMIDROSIS.—For some time past a new complaint has been observed by some medical men of Brest, in France. It consisted of the deposit of a black pigment on the lower lid, which pigment was rubbed off with difficulty, and soon reappeared. The patients were almost all women, and most of these were successively under the care of M. Leroy de Méricourt, a highly respectable physician of Brest. This gentleman brought some of the cases before the Hospital Medical Society of Paris, and also before the Academy of Medicine. Amongst the former body strong doubts were expressed as to the reality of the phenomena; and although the veracity of M. de Méricourt was never called into question, it was suspected that he might be the victim of contrivances on the part of the patients.

Stung by these doubts, M. de Méricourt sent one of the patients, a married lady between twenty-three and twenty-four years of age, to Paris, and a committee was appointed by the Society to examine and watch the lady, and present a report on the case. This report, which is very long, testifies to the patient and skilful manner in which the examination was conducted; and the conclusion arrived at is, that the lady in question, for some reason or other, used a preparation of lamp-black to give her lower lids the appearance mentioned above. The report is drawn up with great care, and deals only with facts, leaving out altogether surmises, and the discussion of the reasons which may have induced this lady, and *perhaps* all those who are alleged to be similarly affected, to practise this deceit upon M. Leroy de Méricourt.

COMPETITION IN RUSSIA.—The Emperor of Russia has determined to offer a premium of 2000 roubles for the best, and 1000 for the second best, design for a new building intended for the School of Medicine of St. Petersburg. The cost of the whole structure is not to exceed 300,000 roubles. Full particulars are to be obtained at the Russian consulates of the principal European cities, and the designs are to be delivered within one year of the decree, which was promulgated on September 20th, 1860.

SALE OF MEDICAL PRACTICES IN FRANCE.—Sales of this kind, so common in this country, have always been declared illegal by the higher courts of France. Only very lately a change in this respect has taken place, and one of the upper courts has recognised the validity of such a sale.

THE PERILS OF THE MEDICAL PROFESSION.—Mons. Régnier, a young student of the Clinique Hospital of Paris, and son of a highly-esteemed practitioner of the same capital, has just died, after a few days' illness, from erysipelas caught in the wards of the hospital. A very touching discourse was delivered by M. Ménière at the funeral of the unfortunate youth.

THE UNIVERSAL EXHIBITION OF 1862.—Amongst the members of the French jury for surgical instruments we perceive the following names:—M. Mathieu, examiner at the Polytechnic School, president; M. Jules Cloquet, vice-president; M. E. Becquerel; M. H. Bouley, professor at the Veterinary School; M. P. Broca, surgeon to the Bicêtre Asylum; M. Demarquay; Baron Larrey; and M. Ambrose Tardieu, the eminent medical jurist.

SEA-BATHING INFIRMARY IN FRANCE.—An infirmary o fthis kind has just been established in the neighbourhood of Calais, where the scrofulous children of the hospitals of Paris are to be sent during the season. The case of each child is carefully drawn up before the patient leaves Paris, and an accurate account of the progress is to be sent back with the child on his return. It is hoped that valuable data may thus be obtained as to the influence of sea-bathing, pure air, and good diet on scrofulous tendencies.

THE RUSSIAN DOCTORS.—"L'Union Médicale" states that, in the 285,064 parishes and hamlets of Russia, there are hardly one thousand medical men. Hence the greater mortality observed in that country compared with other parts of Europe. In Russia there is annually one death out of 27 or 28 people; the proportion being in England one in 45, and in France one in 42.

THE GORILLA.—Mr. Waterhouse Hawkins delivered the second, of a course of five lectures, on the Vertebrate Animals from the lowest form to the Gorilla, with the special relation of the Quadrumana to Man, in the Theatre of the Crystal Palace, on Saturday week; and, notwithstanding the Rose Show, on which occasion £150 were distributed in prizes for roses alone, and the painfully-interesting sight of Blondin's performance, he had a large attendance of hearers, the majority of whom were ladies. One of the most interesting features in his lecture was the rapidity which he drew on the diagram board some spirited sketches of the cartilaginous and bony skeleton, addressing himself, at the same time, in a most pleasing manner, to his audience. Great credit is due to the Committee of the Crystal Palace School of Art, Science, and Literature, for the admirable manner in which they seek to combine science with amusement, by engaging some of the most distinguished lecturers of the day.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 13TH.—In the week that ended last Saturday the deaths in London exhibited an increase. They were in the previous week 1043; they rose last week to 1106. Diarrhœa was fatal in 87 cases, all of which, except seven, occurred to children. This complaint steadily increases with the progress of the summer months, but its mortality has not attained an unusual height. In the corresponding week of 1859 the deaths from diarrhœa were 264. Its increase in the last five weeks is shown by the following numbers:—17, 26, 32, 61, and 87. Cholera or choleraic diarrhœa was also fatal last week to 5 children. Nine of the 87 deaths from diarrhœa occurred in Islington. Of 21 from measles, 6 occurred in Westminster. Ten children and an adult died from syphilis. The oldest person in the records of the week was a man aged 94 years.

The births registered were—boys, 945; girls, 957.

MEDICAL VACANCIES.

THERE is a vacancy in the Western General Dispensary for a Resident Surgeon and Apothecary.

A vacancy has occurred for a Medical Officer for the Parish of Dawlish, in the Newton-Abbott Union.

There is a vacancy for a Resident-Surgeon at the Birmingham Lying-in Hospital.

A Medical Officer for the Stainforth District of the Thorne Union, in the room of the late Mr. Mirfin, will be elected on the 31st inst.

MEDICAL APPOINTMENTS.

MR. HENRY LEE has been elected an Honorary Fellow of King's College, on his resignation of the office of Surgeon to King's College Hospital.

Mr. Henry Smith and Mr. P. C. Price have been elected Assistant-Surgeons to King's College Hospital.

Mr. Streatfeild, Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, has been appointed Assistant-Surgeon to the Eye Infirmary in University College Hospital.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

23rd Foot: Assist.-Surg. Florence Theobald M'Carthy, from the 90th Foot, to be Assist.-Surg., vice Richard Westrop Saunders, M.D., appointed to the Staff. 90th Foot: Assist.-Surg. Thos. Turnville Gardner, from the 1st Foot, to be Assist.-Surg., vice Florence Theobald M'Carthy, appointed to the 23rd Foot.

Commissions signed by Lords-Lieutenant.—1st Surrey Artillery Volunteers: W. Batchelour, M.D., to be Assistant-Surgeon. Administrative Battalion of Stirlingshire Rifle Volunteers: W. Johnstone to be Surgeon. Her Majesty has been pleased to accept the resignation of the Commission held by M. A. Adams, as Honorary Assistant-Surgeon in the 9th Hertfordshire Rifle Volunteers. 71st Lancashire Rifle Volunteer Corps: J. P. Hemphill, Gent., to be Hon. Assist.-Surg. 80th Lancashire Rifle Volunteer Corps: A. Stephens, to be Surg. 12th Gloucestershire Rifle Volunteer Corps: C. L. Leefe, Gent., to be Hon. Assist.-Surg. 27th Kent Rifle Volunteer Corps: Hon. Assist.-Surg. E. Downing, M.D., to be Assist.-Surg. 6th Glamorganshire Rifle Volunteers: J. Shepherd, to be Assist.-Surg.

Surg. Thomas Seccombe, to the *Cumbridge*. Surg. John M'Swiney, to the *Sanspareil*. Surg. Owen J. Lllewellyn, to the *Intrepid*.

Births, Marriages, and Deaths.

BIRTHS.

On the 29th ult., the wife of R. Taylor, L.R.C.P. Edin., of Whickham, Durham, of a daughter.

On the 7th inst., at East Grinstead, the wife of Fred. W. Wilson, M.B., of a daughter.

On the 11th inst., at Sandford House, Highbury New-park, the wife of John Fosse Harding, Esq., F.R.C.S., of a son.

On the 12th inst., at Park-street, Bristol, the wife of S. Martyn, M.D., M.R.C.P. Lond., of a daughter.

On the 13th inst., at Bath, the wife of James Keith, M.D., H.M.'s Bombay Army, of a son.

On the 14th inst., at Daridge-terrace, Kennington, the wife of J. Jeffree, Esq., M.R.C.S., of a daughter.

On the 14th inst., at Newington-place, the wife of Wm. T. Iliff, jun., M.D., of a daughter.

MARRIAGES.

On the 8th inst., at Dundonald Church, Harrison Hanna, M.D., M.R.C.S., to Letitia, youngest daughter of Arthur Crawford, Esq., both of Belfast.

On the 9th inst., at St. George's, Hanover-square, the Rev. Jas. N. Bennie, LL.B., Vicar of St. Mary's, Leicester, to Madeline Laye, eldest daughter of Samuel Dickson, M.D.

DEATHS.

On the 27th ult., at Bury St. Edmunds, Theodore H. S. Boyle, Esq., L.S.A., youngest son of the Rev. James Boyle, Rector of Stanfield, Norfolk, aged 26.

On the 6th inst., in London, Henry Somers, M.D., Surgeon of H.M.'s 55th Regiment.

On the 9th inst., at Piccadilly, Edward Donovan Verner, M.D., late of the Royal Artillery, aged 67.

On the 10th inst., at Hatfield, Ledbury, Mary, daughter of Wm. Chas. Henry, M.D., aged 24.

On the 14th inst., at Hartley, near Winchester, Mary, the wife of Mark Brown Garrett, Esq., M.R.C.S., of Colet-place, aged 46.

On the 16th inst., Charles James Stone, Esq., M.R.C.S., last surviving son of Mrs. Stone, of Clifton-road East, St. John's-wood, aged 25.

Medical Diary of the Week.

MONDAY, JULY 22 .....
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

TUESDAY, JULY 23.....
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, JULY 24
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

THURSDAY, JULY 25...
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.

FRIDAY, JULY 26.....
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, JULY 27 ...
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

Pro Bono Publico has forwarded to us a most disgusting and dangerous pamphlet with the following title:—"Friendly Counsel to Woman, Single or Married, Maiden, Wife, or Mother, on Facts involving Happiness or Misery, Health or Disease, Long Life or Premature Death. By Dr. A. F. Henery." "Copies of this pamphlet," says our correspondent, "are being circulated in the neighbourhood of Camden-town. They are either thrown down the area or thrust under the doors. I need hardly observe how shameful it is that such filth should be forced into respectable people's houses amongst their female servants, and thence most likely into their children's hands." Is there really no law to punish such offenders against decency and morality as this "Dr. Henery"? Surely Lord Campbell's Act could be brought to bear upon such delinquents, whose scandalous productions are calculated to inflict the most serious and lamentable evils upon the female sex.

T. M.—A surgical qualification from one of the Colleges of Surgeons, and a medical degree or diploma to practise medicine from a body authorized to grant it in any part of the kingdom.

E. J. is referred to an article on the subject in this day's LANCET.

Mr. Howlett's communication has been received, and shall be inserted next week.

UNIVERSITY OF ST. ANDREWS.

To the Editor of THE LANCET.

SIR,—Permit me to inform "A Lover of Justice," whose letter appears in your last number, that the University of St. Andrews is in no way responsible for the injustice of which he complains. The regulations in question are issued by the Scottish Universities' Commissioners, and the special clause to which he refers will, I have no doubt, be rescinded when the hardship of it is brought, as will shortly be the case, before the notice of that Board.

I am, Sir, yours, &c.,

July, 1861. A MEMBER OF THE ST. ANDREWS BOARD OF EXAMINERS.

Indignans.—Bad as the English are in the respect alluded to, they are not worse than their neighbours. In America the practice is unfortunately very common. In view of the enormous increase of criminal abortion, and the inadequacy of the present laws to properly punish the offenders, the American Medical Association has lately requested the New York State Medical Society to press upon the notice of the Legislature a memorial in connexion with the subject.

Dr. W. Miller (Londonderry) shall receive a private note.

THE MEDICAL ASSISTANTS' BENEVOLENT ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Now that our Society is formed, and the machinery put in motion, I hope the whole body of medical assistants will not be "backward in coming forward." The objects of the Society are so clear and Christian-like, that one can hardly see how there could be a second opinion amongst us with regard to the desirability or otherwise of supporting it. This is an opportunity that the medical assistants ought not to lose sight of. We have now a powerful friend in Dr. Sayer, who has given us his time, his house, and his money, and are we to show our appreciation of his kindness by allowing his efforts to fall to the ground? I hope not. Such an act would be a lasting disgrace to our body. Dr. Sayer has had to contend with many difficulties in his endeavours to establish this Society, the chief one of which was the opinion that had gained ground that the objects of the Society were "protective"—a "combination against employers." But so far from this being the object, it is sought to protect the employer, as no assistant can become a member of the Society who cannot produce reference from his present employer of good moral conduct; neither can he participate in the benefits of the Society if it be proved that he lost his situation through his own misconduct. Again, our employers will find that should we, through illness, be unfit for work, we shall not be thrown upon their hands. Our Society will provide for us, and, if they be subscribers as honorary members, will furnish them with assistants in our places, free of charge.

The meetings of the Society for the transaction of business, election of members, &c., will be held once a fortnight at Dr. Sayer's offices. Let all employers afford every facility within their power for the attendance of their assistants at such meetings, as it is evident that the employer and the employed will derive equal benefit. After the transaction of business at these meetings, we hope to have discussions on scientific and useful subjects, which may thus tend to propagate a more brotherly feeling amongst the coming members of the profession.

In conclusion, Sir, the medical assistants owe a great debt of gratitude to you for your kindness in opening the columns of THE LANCET to them, and we have pledged ourselves to support that journal to the utmost of our power.

I remain, Sir, your obedient servant,

ALEXANDER ELLIS, Medical Assistant.

Bishopsgate-street Without, July, 1861.

M.R.C.S. Lond.—Any person, however unqualified, may open a druggist's shop, sell drugs, and make up prescriptions. He cannot with propriety style himself pharmaceutical chemist unless he be a member of the Pharmaceutical Society.

Mr. T. Underwood.—The charge has been made and the reply given. The profession can judge of the facts.

P. H.—He is a gentleman of position and ability.

POPULAR MEDICAL INSTRUCTION.

To the Editor of THE LANCET.

SIR,—Let me draw your attention to a piece of professional conduct, which is, to say the least of it, questionable, and might be productive of very serious danger. I found on a lady's work-table lately the *British Mother's Journal and Domestic Magazine*, a publication, I am informed, largely read by that important class whose name it bears, containing *inter alia* a paper by R. H. Bakewell, M.D., F.R.C.S., "On some Points in the Diet and Clothing of Children." Read the following extract:—

"In a previous number of this journal I gave some account of the bronchitis of infants, and its treatment by stimulants and tonics. Since that article was written I have had a large number of cases of the kind described, all of which I have treated in the same way, and with uniform success. I always find that the improvement is immediate; indeed this is the great recommendation of the treatment by stimulants. The first dose gives relief. I have been led to extend this plan of treatment to chronic cases, and I have now almost entirely discarded the use of ipecacuanha and antimony, squills and paregoric, in the treatment of children's coughs, resulting either from slight or severe attacks of bronchitis. In slight cases, a teaspoonful to a tablespoonful of good port or sherry may be given to children under four years of age, three or four times a day, with the most marked benefit."

Now, without entering on the vexed question of the treatment of inflammatory diseases, I think it plain that such directions given to anxious parents must be of most dangerous import. Fancy Dr. West treating a case of infantile bronchitis *more suo*, while the mother has drunk deep at the fountain of wisdom supplied by Dr. Bakewell! But this is not all, and not the worst; for a footnote supplies the information that, as there is so much bad wine in the market, Dr. Bakewell recommends a certain merchant in the Strand as furnishing wine of good quality and moderate price, and "answering every purpose required in the medicinal use of wine."

Pray examine the *Journal* for yourself (edited by Mrs. Bakewell).

I remain, Sir, yours, &c.,

July, 1861. P. E. N.

*** The above is a specimen of a number of letters which of late have been sent to us respecting the evils of promulgating rules of medical practice amongst the public. It is scarcely necessary to observe that the spread of general information as to the prevention of disease and the improvement of the public health has met with our warmest support; but nothing can be calculated to do more serious injury to society than the attempt upon the part of unprofessional persons to treat diseases of a grave character, however simple may appear to be the rules laid down for their guidance. It is better to do nothing than to use powerful remedies at hap-hazard. A little knowledge is dangerous, and is never more so than when it is brought to bear upon the treatment of acute disease.—ED. L.

Student.—It is probable that some diseases of the kind are so transmissible. A curious case in illustration may be found in the "Prager Vierteljahrschrift" for 1860. Here a favourite cat appeared to communicate herpes circinatus to the children who petted it.

A Registered M.D., (Dundee.)—The disgraceful fraud will be prevented under an "Amended" Act.

CHARITY AND GAIN.

To the Editor of THE LANCET.

SIR,—As an old subscriber, will you permit me to lay before your readers the following facts for their consideration. I think they speak for themselves:—

M. A. W., (the wife of an ostler, with seven children, one a cripple,) a poor, wretched creature in an advanced stage of disease, was an out-patient of a metropolitan hospital. She became worse, and unable to leave her bed. Her letter still running on, she is visited at her own miserable hovel, and that by the "hospital physician," under whose care she was, and for fourteen visits he charged seven guineas, the *medicines being still obtained from the hospital*, or, when the husband was unable to fetch them, from a neighbouring chemist's at the husband's own expense. The patient was assured three days before her death that she was not in danger, and that she would make (any way) a partial recovery, and she clung to her hopeful and clear-sighted adviser's opinion with all the tenacity of phthisis! Meanwhile the fees were paid until the last farthing of petty savings was disbursed; and the neighbours have met the utter want of funds to bury the poor woman by a subscription, or else the parish must have been the medium for that purpose.

Now, Sir, is it lawful and right for hospital physicians to convert their pauper patients into paying ones, and yet continue to allow them to receive the benefits of an excellent charity at one and the same time? Surely, if a patient can pay, to allow such a one to receive hospital aid, is robbery upon the funds of the institution; if unable to pay (as this one really was), then the fees paid by the poor confiding husband, in the hope of his wife's recovery, were surely not, to say the least, legitimately pocketed!

I have not so been taught the ethics of our noble profession; and as an appeal to the recipient of the fees has failed in inducing him to aid the subscription above mentioned, I lay the matter before you instead of the committee of the hospital, rather wishing to give a word of warning and advice than endeavour to do any personal damage to one whom I have never seen, and whom I certainly should never think of meeting under any circumstances.

I remain, Sir, yours, &c.,

July, 1861. W. T.

Obstetrician.—The amount of fluid removed has been greatly exceeded. Professor Pancoe, of the United States, recently tapped a patient, and obtained 135 pounds of serum. The patient is said to have measured before paracentesis more than five feet.

A LARGE INFANT.

To the Editor of THE LANCET.

SIR,—On June 7th I delivered a woman, in labour with her fifth child, of a fœtus (female), which measured twenty-two inches and a half, and weighed sixteen pounds. Although there are many fine children born in this neighbourhood, I have not heard of one equal to the above. Both mother and child are doing well. Your obedient servant,

Lowestoft, July, 1861. W. H. CLUBBE, M.R.C.S.

Veterinarian.—An account of the trial will be found in the *Belfast Northern Whig* of July 8th. No doubt it was a serious thing for the owner to lose his horse after the operation; but such a result did not necessarily imply any want of ability or attention upon the part of the operator.

RIFLE VOLUNTEERS.

To the Editor of THE LANCET.

SIR,—Allow me to correct a misprint in my first letter. Instead of a surgeon "being a *paid* officer," read "*field*," &c. &c. In reply to "A Battalion Surgeon," in your impression of the 6th instant, I have made no *mistake* about the rank. The Order in Council was dated 16th April, 1861, respecting the relative ranks of army medical officers, and has not since been altered, and was published in THE LANCET of June 1st, 1861, page 546. The reason your correspondent does not understand the late Order is on account of his confounding the "staff surgeon" with the "regimental surgeon." It is the latter that ranks with the major, but junior of that rank, on and after 28th March, 1861. With respect to the dress, spurs, sword, &c., if the "Battalion Surgeon" will purchase the "Regulations for the Volunteer Force," issued from the War-office, January, 1861, price one shilling, published by Clowes and Sons, Pall-mall, he will find at page 6, with respect to uniform, appointments, &c., "the dress regulations for the army are to be taken as a guide." The cocked hat must be worn by staff officers, unless they have permission from their commanding officer to appear in their forage cap, which a great many do. I would also recommend your correspondent to procure the "Medical Regulations" issued from the War-office, published by Parker and Son, West Strand, London.

I remain, Sir, your obedient servant,

July, 1861. AN ADJUTANT, R.V.

Enquirer.—A Committee of the House of Commons is at present sitting in reference to the matter. They will embody in their Report such recommendations as they may think proper to make.

OFFENSIVE EXPECTORATION.

To the Editor of THE LANCET.

SIR,—Having a case of incipient pleuro-pneumonia of the right side under my care at the present time, I thought perhaps it would not be uninteresting to your readers to state that the expectoration, with its usual characteristic appearance, is of an extremely offensive odour, as if gangrene of the lung was present. The inflammatory symptoms, although slight, are only of a few hours' duration at the time of sending this communication, and there is very little constitutional disturbance. The patient informs me he has always considered himself healthy up to the time of his attack, and his appearance justifies him in that statement.

Being at a loss to account for this peculiar feature in his case, and as I have neither read of nor met with an instance of the kind during my professional career—viz., at such an early stage of the disease, I shall feel myself indebted to any of your readers who may enlighten me as to its cause and origin.

I remain, Sir, yours, &c.,

Hemel Hempstead, July, 1861. S. B. F.

Dr. O. W. Barratt.—The Judge of the County Court acted with great discretion and with a proper appreciation of the evidence tendered by Mr. Onions. The claim made, so far from being exorbitant, was miserably inadequate to the services rendered. The publication of Dr. Barratt's letter would serve no good purpose.

Mr. Hill, (Royal Free Hospital.)—Next week.

THE NEW LICENCE OF THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—I believe the College of Physicians have conferred a much greater boon upon general practitioners than they are aware of. As a non-dispensing general practitioner in London, I have constantly found out the difficulty and inconvenience there is in getting even the most respectable chemists and druggists to dispense my medicine, and send it to the residence of the patient as if it came from the medical attendant. They *will* put their name upon each bottle, upon the outside of the packet, and wherever it is possible to stick it. Sir, the general practitioners have nothing to expect from the chemists and druggists, and I advise every gentleman who is not a really pure physician to take out the College licence, and send out his physic. He can now do so without being connected with trade, and I can answer for it he will find himself considerably in pocket, as well as more in the confidence of his patients. What I would say to every general practitioner is, do not allow any chemist or druggist to tamper with your prescriptions, and to ask impertinent questions when the medicines are applied for, as to how the patient is getting on, and the effect of this, that, and the other remedy. Rely upon it, Sir, the druggists are no friends of the general practitioners, and my advice to them is, Send out your own medicines at any inconvenience, and keep aloof from the dispensing and prescribing sharks.

I trust this letter will elicit a little of the matured experience of some old London general practitioner who has *tried* the non-dispensing system.

I remain, Sir, yours, &c.,

ONE WHO HAS LOST PATIENTS THROUGH THE OFFICIOUS QUESTIONING AND TRADE LABELLING OF THE DISPENSING DRUGGISTS.

July, 1861.

Guy's, A Chemist, One of the Deluded, Undergraduate, Fair Play, St. George's, Tempus Fugit, will perceive that the subject is mentioned in another part of our impression. It is unnecessary to publish the letters.

A Student.—There is no just ground for the attack made upon the practice pursued in one of the county asylums.

STERILITY IN TWIN SISTERS.

To the Editor of THE LANCET.

SIR,—Perhaps the following account of remarkable hereditary predisposition to the production of twins may not be uninteresting:—

My informant's father and uncle were twin-born. The father's family consists of ten children, eight daughters and two sons, all of whom are twins; there are no single births. Seven of these daughters are married; four have produced twins at their first birth; three have gone abroad, and no account of them has been received; and one is unmarried. Of the sons, one is unmarried; the other (my informant) is the father of three children, each at a separate birth. The uncle's family consists of eleven children, of whom eight are twins, the remainder being born singly.

I am, Sir, yours obediently,

Salford, July, 1861. A. W. STOCKS, M.R.C.S.

To the Editor of THE LANCET.

SIR,—I am glad to find that your "Indian Subscriber" has already met with some decided information on the above subject. Perhaps you will allow me to offer my mite of a similar kind:—

Of twin sisters (daughters of a farmer), born in Scotland, one had one child, and the other twins, *before they were married*. They are both married since, and have had several children each.

I am, Sir, your obedient servant,

Liverpool, July, 1861. THOS. SKINNER, M.D.

To the Editor of THE LANCET.

SIR,—Information on this subject being solicited in your issue of the 22nd June by "An Indian Subscriber," I beg to offer testimony opposed to that generally received theory.

There are twin sisters living about sixteen miles in the country, each having as many as nine or ten children. I knew the husband of one of them, and both families are well known to some of my friends.

I am, Sir, yours truly,

July, 1861. R. A.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Fergusson; Dr. M'William; Mr. Hill, Royal Free Hospital; Mr. Robertson; Mr. S. J. Gilbert, Bicester, (with enclosure;) Mr. Hooker, Hadlow, (with enclosure;) Mr. A. A. Smith, Diss; Messrs. Leader and Sons, Sheffield, (with enclosure;) Mr. A. Teague, (with enclosure;) Rev. E. P. Berry, (with enclosure;) Mr. J. Lovegrove, (with enclosure;) Mr. D. R. Thomas, (with enclosure;) Mr. W. Miller, Londonderry; Mr. Vleary, Rathaspeck; Mr. G. Barnes, Newcastle; Dr. Guy, Shoeburyness, (with enclosure;) Mr. G. Woodfall; Mr. E. S. Adams; Mr. C. Fuller, Broadstairs; Mr. J. D. Ward, York; Mr. W. S. Evans, Shotesham; Mr. H. W. Jones, Gravesend; Mr. S. W. Smith, Pershore; Mr. F. Cornwall, Westborough, (with enclosure;) Mr. J. C. Gill, Birmingham; Mr. P. Vincent, Camborne, (with enclosure;) Mr. W. Hewlett, Harrow-on-Hill; Dr. Ormerod; Mr. J. May, Devonport; Mr. M. W. Hilles; Dr. Telford, Rathmines, (with enclosure;) Mr. I. B. Brown; Dr. Barratt, Birmingham, (with enclosure;) Mr. T. O. Pratt, Cardiff; Mr. W. M. Whitmarsh, Deptford; Mr. Thomas Underwood; A Subscriber, (with enclosure;) B. A.; Medicus, Cheltenham, (with enclosure;) E. J.; M.R.C.S. Lond.; F. H.; R. A., Exeter; S. B. F., Hemel Hempstead; Pharmaceutical Society; St. George's; Undergraduate; Guy's; A Chemist; Observer; Fair Play; Pro Bono Publico; A Registered M.D.; &c. &c.